QMa C Registrar

.Date signed

Address

2411 N. Charles St., Baltimore

(186-0)

18728

CERTIFICATE OF DEATH

30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	D.4 C
City or town	
How long in above place of death? 15 days	City or town Laurel, RFD (If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Street No.
Spring Grove State Hospital	(If rural, give LOCATION)
How long in hospital or institution? 15 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clarence Aitcheson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divor	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH September 30 1945 21 5:00 p.
6.(b) Name of husband or wife. Naggie Miles Aitches	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Control S. T. 2000	and that I last saw hallve on
deceased (mo., day, yr.) September 5, 1858 A.G.F. Years Months Days If less than one day	Immediate Quee of death
o. Adz.	Julianay Oldena
87 - 25hrs.	min.
9. Birtholece Prince George County	Due to
(Town, county, and state) Blacksmith	Cardes Vuscular disease
10. Usual occupation BLACKSHILOH	Due to
11. Industry or business Blacksmith	tracher I femen
對 12. Name. William Aitcheson	Dittor conditions
13. Birthplace Scotland	accellent
	(Include pregnancy within 3 months of death)
14. Malden name. Anna Caldwell Scotland	Major findings of operations.
Hospital records	Date of op.
16. Informant	Autopsy results
Address Catonsville, Balto48, M	
B wil 16-3-4	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial cremation, or removal, Which?) (month) (day)	(year)
Cemetery or crematory Lucy / Viel	Where did injury occur? (City or town) (County) (State)
1 2 70.10	Injured at home, farmy Industry, public place (where?)
Location Caurel 10	Meens of Injury Lack on flow Injured at world no
18. Funeral director	My Weekles
Address Laurel, md.	1 Se My Cieffe Sech Han
1N/2 45 N.C. Har	23. SIGNATURE M. D. or other M. D. or other
(Date rec'd by registrar)	Registrat Address 1010 leeds an Date signed 0 1 - 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of in lormation carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



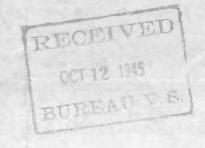
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

18729

1. PLACE OF DEATH: Q D4	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Massaglased. County Dultus of
How long in above place of death? 5.5 Meass	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Dayles Alve
Laves Mile,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divocad	albright none
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	2D. DATE DF DEATH Slat. 29 1945 at 4:15 P.
6.(b) Name of husband or wife & Shile D. Allerian	AT. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of S. (c) It alivo, give ageyears	and that I last saw halive on
deceased (mo., day, yr.) June 19, 1861	Impediate cause of death DURATION
8. AGE: Years Months Days If less than one day	acute Cardia Facture
84 4 3 10min.	
9. Birthplace Woodstock Howard Connel	Due to.
(Town, county, and state)	Gardes Varcular alisease
10. Usual occupation	Due to
11. Industry or business	A
E 12. Name Supplies 12. Name	Other conditions Quadre death
2 13. Birthplace Unknown	luguir
H 14. Maiden name. Markarozara	(Include pregnancy within 3 months of death)
15. Birthplace Unknown	Major findings of operations.
an, E. O MI	Date of op.
16. Intermant	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address France, Mrd.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
At Allaha and	
Cemetery or cremajory.	Where did injury occur?
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director 6 aston Sona	Means of Injury Injured at work?
Address Ellingth City mo	of h. V. allegally
The state of the s	23. SIGNATURE SESTIMATION OF THE SECOND SECO
19. O 19. 1942 Martin Registrar	1010 Lo de an M. D. or opter
(Data rec'd he registrar) Registrar	Address Date signed



PLEASE

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e correct age

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/20

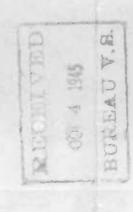
2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

68730

Reg. Dist. No. 35

County	Marsal Assa de Barton Barton
(If outside city or town limits, write RURAL and give nearest town)	State/Yary land county Saltimore
How long In above place of death? 4 5 x x 5	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	11:11 4-51
	Sireet No. J. J. J. J. B. C. S. J.
How long in hospital or institution?	2.(a) If veieran, name war
3. (a) FULL NAME	/ 3. (b) Social Security Number
Webster McClung An	derson-
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married.	20. DATE OF DEATH September 23, 19 45, at 8:55A.
6.(1) Name of husband or wife Ruth Hershier	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 26, to 54. 23 19 45
7. Birth date of	
deceased (mo., day, yr.) December 16 1899.	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
45 9 7hrsmln.	Ceretral Menortage 3/ms
9. Birthpiace White Hall M. d. R.D. (Town, connty, and state)	Bue to
10. Usual occupation Farmer	
11. Industry or business Dun Farm.	Oue to
	CA va () and has ki
	Other conditions
	(Inofude programmy within 8 months of deeth)
14. Malden name	Major findings of operations.
15. Birthelace Norrisville Md	Major naungs of operations. Date of on.
m (D,10) 0 1	
16. Informant 11 10 And I 10 A	Antopsy results
Address White Stall, N.A. R.D.	22_VIOLENCE: If death was due to external causes, fill in the following:
17. J. J. J. J. J. Quate thereof S. e. p. tember. 2.6.19 (Buriel, cremation, or removal. Which?)	Accident, suicide, or homicide
11 1/1/2 + 1 1 + 1	Where did injury occur?
Cemetery or erematory VV.C.S. L. D.E.Y.L.Y.	Where did injury occur?
Location White Hall, Balloy Co., Ald	Injured at home, farm, Industry, public place (where?)
18. Funeral director asolt Hartematein.	Means of injury Injured at work?
(-17) - 1° D	
Address for the few treedom on.	,23: SIGNATURE Of Dr. France
19 Seps 26 1945 Charle J Bull	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 7/25/KJ



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No.
1. PLACE OF DEATH: Baltunose	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	state Mars land county
How long in above place of death?	City or fown (If outside city or town limits, write RURAL and give nearest town) Street No. 1637 Mulkeus Ave
How long in hospital or institution? 2 5640 1 2000 9 days	(If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Elizabak	Appleby 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced 1- Emale White humans	MEDICAL CERTIFICATION
6.(6) Name of husband or wife	20. DATE OF DEATH. 20. 18. 45 at 4 4 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	July 2 4 1943, 10 Stpt 2 1945
deceased (mo., day, yr.) DEC 14 1876 8. AGE: Years Months Days If less than one day	and that I last saw h
68 8 19hrsmin.	(english of whom took I who
9. Birthplace (Town, county, and state)	Due to Its proteusive Cardis - Judel
10. Usual occupation Ruce Eurof E	Oue to.
12. Name I towas I there	Other conditions
14. Maiden name Elizabet Wale	(Include pregnancy within 3 months of death) Major fiedings of operations.
15. Birthplace Baltimore Total	Major findings of operations. Date of op.
Address Colonaer Condo	Autopsy results
17. (Burial, cremation, or removal, Which?) Bate thereof. 9. 5. 45 (mouth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Mus Carthedras	Where did injury occur?
Location 3700 old Prederick /Cd	Injured at home, farm, Industry, public place (where?)
18. Funeral director Atting A William Address 4/0/Edmondoward	Man na Mand Mid
19 Sept. 3 19 45 a. W. Kedrich	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed

2411 N. Charles St., Baltimore 83-6)

CERTIFICATE OF DEATH

4 71 467 67 77	A PRIT			O WOMAN PROPERTY (TAGES OF TO	EGE LEED			
1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF I	DECEASED:			
Panh Hamand		State Maryland County						
City or town(If	autoida site on town	imita muita D	URAL and give nearest town)					
How long in above place	of death?	9 Days	······································	Cily or town				
			d, Maryland	Street No. Kingsville, Md.				
How long in hospital o				(If rural, give LO 2.(a) If veteran, name warSAY				
		W	***************************************					
3. (a) FULL NAM			DARWI ON		3. (b) Social Security	Number		
4. Sex	1 5. Color or race		BABYLON e, married, widowed, or divorced		TINIO LETION			
		u.(w)omgn	Widowed	MEDICAL CER				
Male	White		uldowad	20. DATE OF DEATH September 29.	1945	,12:15 A		
B.(b) Name of husband	or wife	idowed		21. I CERTIFY that death occurred on the date above	stated; thal I ettended decea	ised from		
			c) If allve, give ageyears	May 3, 1945 19 to Sept. 29, 1945				
7. Birih date of	E 20		-/ 11 allie! Elic age	and that I last saw h im alive on Sept.	29,	1945		
deceased (mo., day,)	J107	Days	I If less than one day	Immediate cause of death		DURATION		
6. Adl.			hrs. min.	Cerebral Thrombosis		2 Yrs.		
		24.						
9. BirthplaceVi	estministe	county, and s	state)	Due 10	••••••	***************************************		
			P			***************************************		
			Gaetooooaa	Due to				
11. Industry or busines		000		70. 14. 77	9			
E	fred Babyl Maryla		***************************************	Diher conditions Right Hemiples	;1a	***************************************		
≤ 13. Birthplace				(Include pregnancy within 3 mon	ths of death)			
14. Malden name.	Ida Haifl	ey		Major findings of operations.				
15. Birthplace	Maryland			Inajo: Inauago Va Opolius				
16. Informant C15	nical Reco	rds. V	ets. Adm. Fac.	Autopsy results				
Address Ft. Howard, Md. 11 Bural (Burlal, cremation, or removal, Which?) Cemelery or crematory Statungton (month) (day) (year)		PHYSICIAN: Please underline the cause to which	death should be charged	statistically.				
		22. VIOLENCE: If death was due to external causes, fill in the following:						
		Accident, suicide, or homicide						
					Charall to		Injured at home, farm, industry, public place (where	
Location			Sen	Means of Injury	Injured at work?			
18. Funeral director	14 Mans	ara.	<u> </u>	2 2 2	1, 1.			
Address #	estmin	ster.	md,	and alto	1414			
. 9/26	1/4/1-(1	1/20	· lander	23. SIGNATURE BALTER LT.	COL. M.C.M. CI	IN DIR.		
(Date rec'd by re	egistrar)	-H	Registrar		Date signed			

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and regidue. PLEASE VS A15

MARGIN RESERVED FOR BINDING

Surgerille, Tu. Total office for Board States Di. September 22, · She A . THE . LEWIS DOWN TO ME. the Mintel Blooming (sug. Acc. 200.

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8733₄₄ Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County City or town (If outside city or town limits, write RURAL and give nearest town) How long In above piace of death? 42 Days Hospital, Institution, or street address where death occurred; Vets. Adm. Fac. Fort Howard, Karyland How long In hospital or institution? 42 Days			······	State Maryland Cou	nty Queen Ann	*********************	
			d, Karyland	City or town Conterville (If outside city or town limits, write RURAL and give nearest town) Street No			
3. (a) FULL NA	ME	AM BAI		.0	3. (b) Social Security		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Male	Colored		arried	2D. OATE OF OEATH 9-11-45		49255 A.	
			Bailey c) If alive, give age 48 years	21. I CERTIFY that death occurred on the date about 194 31, 194 and that I last saw h. 170 alive on Sept.	5 to September 11, 194	or 11, 1940	
8. AGE: Ye	ears Months	Days	If less than one day	Immediate cause of death Tuberculosis, chr. pul			
	52 8	18	hrs min.			plus	
9. Birthplace Queen Ann County, Md. (Town, county, and state) 10. Usual occupation Farmer 11. Industry or business 12. Hame Sandy Bailey 13. Birthplace Virginia			itate)	Due to Due to Die to Die to Die to Die to Absence acquir G.S.W. Anemia secon	ed right eye,		
limit	Maryland	Corney		(Include pregnancy within 3 m	***************************************		
16. Interment Clinical Records, Vets. Adm. Fac. Ft. Howard, Maryland 17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)				Autopsy results			
			9-14-45 (month) (day) (year)	Accident, suicide, or homicide	Date of		
Cemetery or crematory.			alle	Where did injury occur?(City or town)	(County)	(State)	
Location Clark			ele, md.	Injured at home, farm, industry, public place (wh	ere?)	•••••••••••	
18. Funeral director			- daw	11.01	1	mm	
Address 80	2 man	die	on ane.	Ay Cuh	- Str	T. Sec. 7	
19. 9-12 19 Culteduck (Date rec'd by registrar) Registrar			Meduch Registrar	23. SIGNATURE H. Y. RICHARDS, MAJOR, M. C. ACTILLIN. DIR. H. Y. RICHARDS, MAJOR, M. C. ACTILLIN. DIR. Address Ft. Howard, Maryland Date Signed 9-11-45			

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 444

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stafe
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced 8.(b) Name of husband or wife 3 allo 8.(c) If alive, give age 5 byears	MEDICAL CERTIFICATION 2D. DATE DF DEATH. September 18 19 19 19 19 19 19 19 19 19 19 19 19 19
deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day hrs. min. 9. Birthplace (Town, connty, and state) 11. Industry or business 12. Name Addition Addit	Immediate coase of death a Pulmornatus BURATION Due to Old subcration Tomas of Distriction Fastras Emplying Bue to Sea Jastras Emplying Bussia Duodonal end Tomas of Bither conditions
14. Maiden name Adhamil Majell 15. Birthplace Sessicary 16. Informani Address / Spelse word one	(Incinde pregnancy within 3 months of death) Major findings of operations
17 (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director Sellarith Address 200 8 Que and Qt 19. Sellarith (Date rec'd by registrar)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlos St., Baltimore (13/2)

CERTIFICATE OF DEATH

A.	l	9	6	J	5,	1
Reg	. Diat.	No.		****	Y	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore			
City or lows Victory Villa (If outside city or town limits, write RURAL and give nearest town)	state Pa county Columbia		
How long in above place of death?	City or town Bloomsburg (If outside city or town limits, write RURAL and give nearest town)		
Hospitat, institution, or street address where death occurred:			
7 Bank Court	Sireet No		
How long to hospitat or institution?	2.(a) tf veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Charles A. Barber			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATH Depotember 15 19.45 at 11:00 PM		
6.(8) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	and that I last saw he was alive on Light 5 19 45		
7. Birth date of deceased (mo., day, yr.) August 30, 1870			
8. AGE: Years Months Days If tess than one day	Immediato cause of death Cardio Vasuela 2 yas		
75 5min	I Reval Klinease		
	- Tour Mulant		
9. Stringlace	Due to		
10. Usoal occupation Retired farmer			
	Dve to		
11. Industry or business	Control of Marco 5- Park		
12. Name	Bither conditions arely af Source Sage 5- Lays.		
2 13. Birthglace	(Include pregnancy within 3 months of death)		
14. Malden nome	Major findings of operations.		
El 15. Birthplace	Bate of op.		
16. Informant Mr. David F. Barber			
	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address Northumberland Pa.	22, VIOLENCE: If death was due to external causes, fill in the following;		
Removal (Burial, eremation, or removal. Which?) Bate thereof 9/16/45 (month) (day) (year)	Accident, suicide, or homicide		
cemetery or crematory	Where did injury occur? (City or town) (County) (State)		
Gemetery or crematory			
Location			
18. Funeral director Wm. J. Tickner & Sons	Means of injury injured all work?		
Address North & Pa. Aves.	1. 300 - m. 10		
4 10 00 40	23. SIGNATURE Lecues F. Cl Cute, M. D. or other		
19. (Date if Cd by registrar) 19. 4 5 5 5 7 8 6 0 mello	Address 760 Essters Ame Bate signed 9/16/45		
(Date in a by registrat)	Ballieure 20, Jul.		

RECEIVED SEP 20 1995 BURRATT V. S. * 2m2 The correct age

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Saltanor	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State
	City or town
How long In above place of death?	13 Box 336 B. AULTO21
nospital, institution, of street addition while to the	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(u) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
NAOMI LEIGH WA	rnes,
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 45
t. W. Parrier	20. DATE OF DEATH 200 A 1977 at 0
a-1.1801.100	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	7 19 to
Sauces 6.(c) If alive, give ageyears	and that I last saw halive on
7. Birth date of deceased (mo., day, yr.) aug. 11 - 1898	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	June or Juny (Celusion) 1918.
47 / //hrsmin.	
t Color n.C.	Que to Al perlusion Coll-To Hyss.
9. Sirthplace	1) Island
10. Usual occupation	- Disbites Milities 49
	Deck. Com. Com.
11. Industry or business	Other condillons
里 12. Name	
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name. Mastha Miller	Major findings of operations.
15. Birthplace 27. C	Oate of op.
mes. Gabrel Barnes	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged stansucany.
Address Ceclan Have	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
(Burrai, cremation, of removal, of ment)	Where did injury occur?
Cemetery or crematory	Injured at home, farm, industry, public place (where?)
Location	Means of Injury / Injured at work?
18. Funeral director	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address 418 Eastern Core. Gover	23. SIGNATURE
O. 1 h n & 1 (If I bernelly	and what. Mistaglia Jan
19. Rogistra	Address Date signed J- XV- The

	#for	Buth punched eard.		BIRTH & Death
M		(14768) MARYLAND STATE DE	PAR'	ACC 457
CUM	1	CERTIFICATE	OF	Reg. Dist. No.
40	1	A certificate must be filed within 24 hours for ever	y stil	birth of 20 weeks' gestation or more (see stub)
	1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
7		Rah		Sad Carrette Porce
		County Solto,		State 3204 Carroll Mass
		(If outside city or town limits, write AURAL and give nearest town)		County Sacration 2
N.		Street address, hospitch, or institution:		(If outside city or town limits, write RURAL and give nearest town)
2/		5 med Carroll Line		(11 outside city of town limits, write KOKAL and good nearest town)
12		Length of mother's stay in County	100	Street No. 20 7 CONTROL (If RURAL give LOCATION)
14		(How many years, or months, or days. SPECIFY WHICH)	1	(II RURAL give LOCATION)
4/2 hours	3.	Name of child Newborn	4.	Date of birth 19 4 Hour 1005 A.M.
4-	5.	Sex. 7 6. Twin or triplet		No. of weeks pregnancy 34 whs.
		FATHER OF GHILD	11	MOTHER OF CHILD
5)	0	Full name Edward Charles Batz	12	Full maider name audrey Frances kyers
M		Color. W. 10. Age at time of this birth. 2 Tyrs.	11	Color 14. Age at time of this birth 2 / yrs.
. 3		11 S Ala.141	11	/1
LIVE	11.	Usual occupation	10.	Usual occupation Nousewife
4	16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
		(b) How many other children were born alive but are now de	ad?	(c) How many other children were born dead?
a	17.	Did child die before labor? During labor? 20.0.	21.	Cause of stillbirth. Please be specific. For terms like
1		Pregnancy, complications of		prematurity, asphyxia, etc., try to add cause thereof.
1.		Tronl		(a) Fetal causes Atelectasis - Mucous
O	19.	Labor: (a) Complications of		(b) Maternal causes Novel Property
		(b) Induced?		IKEM4/UC)
justile via	20.	(a) Was there an operation for delivery? (Yes or No)	22.	I certify to the birth of this child who was born dead on the date and hour above stated.
as th		(b) State all operations, if any		Tal. (D - win
Jone Par				Signature (Specify if M. D., midwife, or other)
		(c) Did child die before operation?		(dat 11)10/00 (1 0
	-	During operation?		Address 4001 W USEUS CWE
	23.	(Burial, cremation or removal) (Burial, cremation or removal)	25.	(a)(b)(Registrar)
		(Burial, cremation or removal) (c) Cemetery or crematory	26.	
	24.	(a) Fulletal director, the control of the control o		The above certificate has been examined by me.
	_	(b) Address 4/0/6 Amondooudu	1	Health Officer, per
1		* See Instruction C on stub.		

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County Baltimore City or town. Towson , Maryland City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Haspital institution, or streat address where death occurred: Eudowood Sanatorium Towson 4, Md. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Pand-County Rolled. Cct. City or town
3.(a) FULL NAME VER non Beard.	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced 1 > \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MEDICAL CERTIFICATION 20. DATE OF DEATH
S. (c) If alive, gluo age	Immediate cause of death DURATION Tulmediate cause of death DURATION Tulmediate cause of death DURATION
9. Birthplace Bolto. mary land. (Town, county, and atate) 10. Usual occupation	Due to
14. Malden name. 15. Birthplaco 16. tmformant Personal History-Hospital Record Address Eudowood Sanatorium, Towson, Md	PHYSICIAN: Please underline the caose to which death should be charged statistically.
(Burlal, correction, or removal, Which?) Cemetery or crematory. Location J. G.	P22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Address / 2 / 7 D = Para Street 19. Lett. 14. 19. 45 a. W. talsiah (Date lec'd by registrar) Registrar	23. SIGNATURE CI- W Jin helb tew mrt Address Towson, Maryland Date signed 9-14-45

2411 N. Charles St., Baltimore 2370

CERTIFICATE OF DEATH

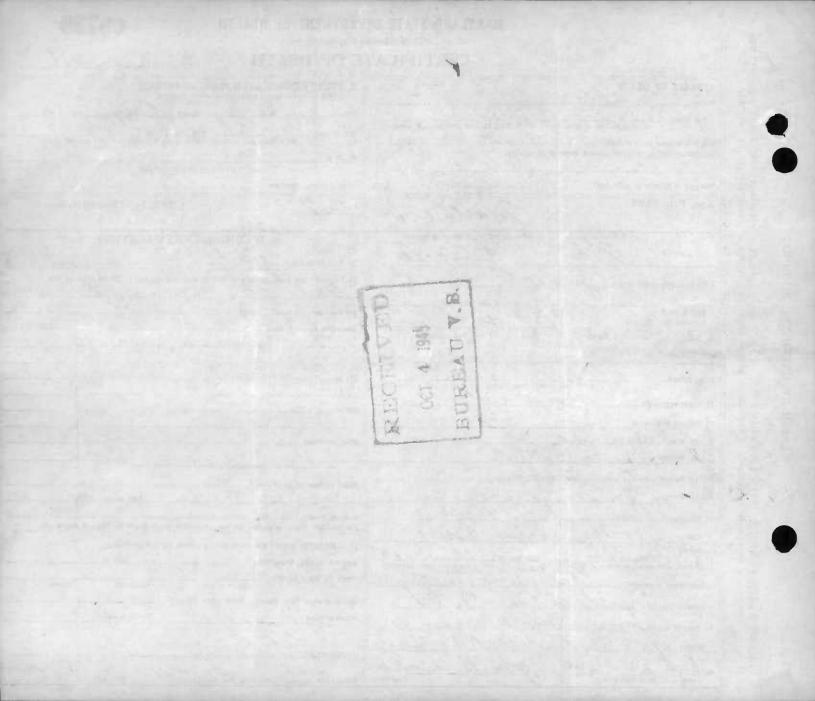
1.9		- 44	V
Reg. I	Dist. No.		

on carefully. The correcterly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State County City or iown (If outside city or town limits, writa RURAL and giva nearest town) Street No. (If rural, give LOCATION)
cl	How long in hospital or institution?	2.(a) 11 veteran, name war
information of death cl	3. (a) FULL NAME Martha E	Beek 3. (b) Social Security Number
causes of	4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced Timule Divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Sept 28 18 45 at 11:30 Pm
the	6.(b) Name of husband or wife Aames 6. 8.(c) If alive, give age years deceased (mo., day, yr.) 9/8/84	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sefect 20 1945 to Sefect 25 1945 and that I last saw how alive on Sefect 2 1945
Supply everease write	8. AGE: Years Months Days tt tess than one dayhrs	Immediate cause of death DURATION DURATION
INK.	9. Birthpiace	Due to Exsential Hypertension
ADING Physicia	10. Usual occupation	Due to
Tr	12. Name alex Curry 13. Birthplace Parisses Co. N. C.	Other conditions
WITH UNI important.	14. Maiden name Mary En Societa 15. Birtholace Davidson Co. D. C.	(Include pregnancy within 8 munths of death) Major lindings of operations.
P	16. Informant Raymand J. Beck	Autopsy results.
INLY, pecially	Address 16 Yawmeter Drive	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: Il death was due to external causes, till in the lollowing;
PLAINL is especia	(Burial, cremation, or removal. Which?) Date thereol (month) (day) (year)	Accident, suicide, or homicide
田	Cemetery or crematory Shallow Complete	Where did injury occur?
WRIT	16. Funeral director farmers Bus desiration	Means of injury Injured at work?
LEASÉ	Address 1407 Eastern Eve Rd. Essex	23. SIGNATURE PRESTED M.D.
PL	(Daty rec'd by registrar) (Daty rec'd by registrar) Registrary	23. SIGNATURE M. D. or uther Address 2 Floring & Batto 2 / Date signed 9-28-45

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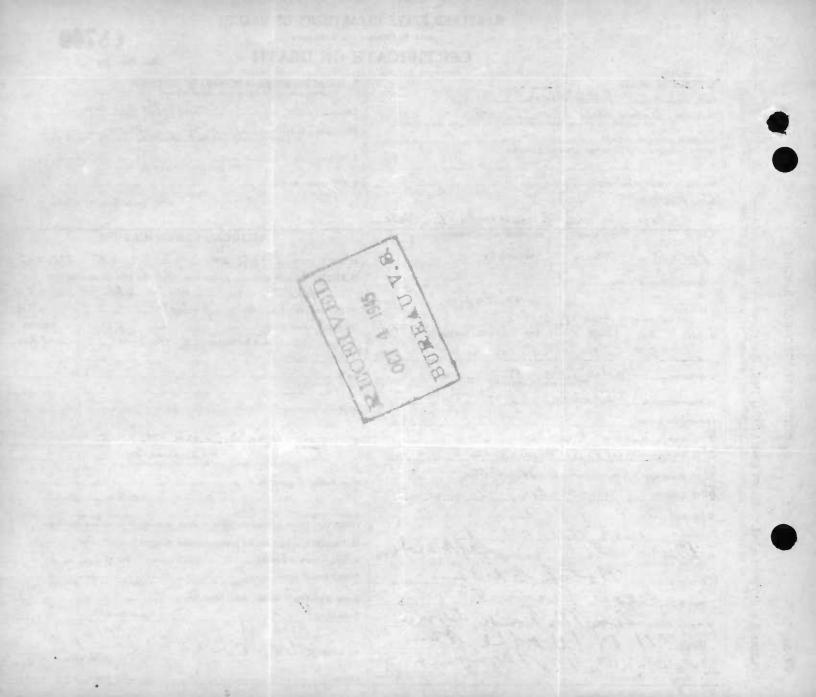
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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M.	1	Reg. Diat.	No.	0000	40)

CERTIFICA	TE OF DEATH Reg. Diat. No. 40
1. PLACE OF DEATH: County Ballward Town City or town Lastes Cliff Was Town Town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town Mattel City was out out of
How long in hospital or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME Sister Mary Enamuela Beckler	3. (b) Social Security Number
4. Sex 5. Color or race 'S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH Sable 24 19.45 al 12.10 P
6.(b) Name of husband or wife	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
83 / 5hrsmin	Coronary o celusion sudden
9. Birthplace Miladelphica (Town, county, and state) 10. Usual occupation Teacher 11. Industry or business 12. Name Davis Berbler 13. Birthplace also Sermany	Due to
	(Include pregnancy within 8 months of death)
15. Birthplace Wurlemberg, Germany	Major findings of operations
Address Notes Cliff Med Sept 264 (Burial, cremation, or removal. Which?) Cemetery or crematory Address Medical director Medical Cemetery of Company Address Medical Cemetery Medical Cemetery of Cemetery of Cemetery or Crematory Medical Cemeters of Cemeters of Cemetery or Crematory Medical Cemeters of Ceme	Accident, suicide, or homicide
19 (Date r/c'd hy régistrar) Registra	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore GOO CERTIFICATE OF DEATH

08	3747
	44
Dist. No	. /

Reg.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
J. W. W.	2D. DATE OF DEATH. Sept 2 19/5 at 7 A M		
6,(b) Name of husband or wife. 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.4.5. to 19.4.5. and that I last saw half alive on 19.4.5.		
8. AGE: Years Months Days If less than one day O 6 5hrshrs.	Immediate rause of death DURATION 2 MAR 2		
9. 8irthplace	Due to Syperlinitar (arla: Vascorlas / 4s		
11. Industry or business	Due to		
12. Hame Marew fund 13. Birthplace Scotland	Other conditions		
14. Maiden name. Ocotland	Major findings of operations.		
16. Informant Mrs May Barnette	Autopsy results		
Address. 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Boneventure Cem	Where did injury occur?		
Location Substitute Cook Since	Injured at home, farm, industry, public place (where?)		
19 Off 2: 18 45 Daven 1 Harfy	23. SIGNATURE DAVIN To Harby M. D. or other 2/45		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /2

CERTIFICATE OF DEATH Reg. Dist. No ... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 8 mo 4 mo Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospitat or institution? .. 8 3. (a) FULL NAME 3. (b) Social Security Number Tem 21. I CERTIFY that death occurred on the date above stated: that t attended deceased from D.(b) Name of husband or wife..... 19 43 10 Sept 9 .6.(c) If alive, give age Deb 19,1924 deceased (mo., day, yr.) 8. AGE: Years Days If less than one day 21 13. Birthplaco PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide,.... (month) (day) (year) Where did tnjury occur? (City or town) Injured af home, farm, industry, public place (where?) Means of Injury injured at work?

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 463

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CERTIFICA	TE OF DEATH Reg. Dist. No			
1. PLACE OF DEATH: County Baltimore City or town Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 29 days Hospital, Institution, or street address where death occurred: Spring Grove tate Hospital How long in hospital or institution? 29 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 708 Beaumont Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME E. Emma Benson	3. (b) Social Security Number			
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced 8. single 6. (b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATHSeptember 29			
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 82 4 5 hrs. mir 9. Birthplace Maryland (Town, county, and state)	and that I last saw h. O.P. alive on September 29 19. 45. Immediate cause of death DURATION 24 L.			
10. Usual occupation none 11. Industry or business none 12. Name Joshue L. Benson 13. Birthplace Mayland	Due to State of State			
14. Maiden name Rachel J. Miller 15. Birthplace Maryland 16. Informant Hospital Records Address Catonsville-28, Md.	Major fiadings of operations. Date of op. Autopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically.			
17. Burial parales (Burial scannes of research Which) Cemetery of Elegator (As a Charles A Char	22. VYOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide			
Address 1217 St. Paul St. 19. Oct 19 tu Ceur Sectorch (Date ree'd by registrar)	23. SIGNATURE BODOTT FILE ATOMOR M. D. or other Catonsviile 28, Mid. Date signed 9/29/45			

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICAT	E OF DEATH	30
How long in above place of a Hospital, institution, or stre	Baltimo Catons v ide ety or town limi death?	to, write RIO day	pital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	<u>/</u>
, ,	John Walte	r Ber	ry	J. (V) Social Decumy	umber
4. Sex 5.	Color or race White		, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE DF DEATH September 23 19.45	at 7:45 D M
6.(b) Name of husband or v 7. Birth date ot deceased (mo., day, yr.)		B.(c)) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended decea August 24 1945 to September end that I last saw h im alive on	23 19 45
8. AGE: Years	Months 3	Days	If less than one dayhrsmin.	Broncho pneumonia	l day
9. Birthplace	(Towu, co Farme) Farmin Willis	outy, and at		Due to	Indef.
14. Malden name	Margar	et El	izabeth Turner	(Include pregnancy within 3 months of death) Major findings of operations	
Address 17	Catons	Date there	-28, Maryland of 24, 45 of month) (day) (year)	Autopsy results	tatistically.
18. Funeral director	Land Land	9 1	Cyan Carlotte	Means of lajory 23. SIGNATURE Robert E. Gardner, M.D. M.D. o Catonsville -28, Md. Date signed.	Tru. D

Deputy Local Es

OCT 1 1915
BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-20)



CERTIFICATE OF DEATH

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	A CONTRACTOR OF THE CONTRACTOR		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Mary land County Charles		
City or town	m / March		
How long in above place of death?	City or town		
Hospital, Institution, or street address where death occurred:	Street No		
Haarlen Ladge	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) If veleran, name war		
3. (a) FULL NAME John M. See	3. (b) Social Security Number		
4. Sex 5. Rolor or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH September 79 19. 45 21 2:05 P.		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of			
decessed (mo., day, yr.) MAY 30, 1908			
8. AGE: Years Months Days It less than one day	Immediate cause of death		
37 3 29hrsmin.	Trumaisa - Hypostatie 44 bx		
9. Birthplace Charles Co Md.	Puo to Hemonthages - cerebral		
9. Birthplace			
1D. Usual occupation tarmer	multiple - mace 4 day		
1t. Industry or business	Due to		
	Falessy-troumalle Rigy		
12. Name Illien for Blunk 13. Birthplace District of Columbia	Uther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Steth & athewo	Major findings of operations.		
\$ 15. Birthplace Ohary Cond	Date of op.		
16. Interment Warlen Louige Ceards.	Autopsy results		
Address leatonsville and	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Byrisel och 2-45	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Burial, cremation, or removal, Whigh?) Date thereot. (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or crematory M.F. Resk	Where did injury occur?		
Le Clata md	Injured at home, farm, industry, public place (where?)		
Location August 1	Msens of Injury Injury		
18. Funeral director. Virusity	mana or mini		
Address Walder mal	and milledon on		
10/1 15 N.PR.	23. SIGNATURE WE KIED		
19. (Date rec'd by registrar)	Address Catonswill Med Date signed 9 -29-5		

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MARYLAND STATE DEPARTMENT OF HEALTH

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CERTIFICATE OF DEATH

	arles St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give neurest town) Street No. 38 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Ranson	3. (b) Social Security Number
Male White Widowed, or alvoced Whate White Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH. Sept 25 1945 21 79
6.(b) Name of husband service Alice Euma Bowen 6.(c) If alive, give age yea 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Oct 28 % 1880 8. AGE: Years Months Days It less than one day	Immediate cause of death OURATIO
9. Birthplace Sland Pond : Ut (Town, county, and state) 10. Usual occupation Hill Whight 11. Industry or business Une Known	Due to Jaguetanio Cardio Vascula Succe
11. Industry or business 12. Name	Dther conditions
H 14. Malden name	(Include pregnuncy within 8 months of death) Majur fiudiugs of uperations.
16. Informant Reginald F. Bowen	Autopsy results PHYSICIAN: Please nnderline the cause tu which death shuuld be charged statistically.
Address 3 8 Jough S Gas thereof	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cometery or crematory	Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?)
18. Funeral director Address 211 For	Means of injury injured at work? M. a. Jecoh
19. 9/26 IVS A-W/Ldrice (Date red by registrar) Registra	23. SIGNATURE 67 North pr Ref M. D. or other par Address 607 North pr Ref M. D. or other Date signed 9/25/

MARYLAND STATE DEPARTMENT OF HEALTH The correct age 2411 N. Charles St., Baltimore (93-1) CEDTIEICATE OF DEATH

(8747

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death? Hospital, institution, or street address where death occurred:	City or town
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME ISAAC LINN BO	OWMAN. 3. (b) Social Security Number .
Male white slivered.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20, 1945, 11:33,
8.(b) Name of husband or wife Mary E (Bownson). Nay: 6.(c) If allve, give age 63 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I although deceased from Augustus 19 140 to 20 19 45 and that light saw h. Augustus 19 45 and that light saw h. 19
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cang si death Durayion ary Sedema . I day
8. Birthplace Glevs the town - Md. (Town, county, and state) 10. Usual occupation Manufacturer	Due to Myseardial failure. Iday and Jelrebril bepoplery. 9 mo
11. Industry or business Concrete Block.	Ble to Sypertensive Cardio rascular. Ble conditions slive case.
12. Hame John Bowman. 13. Birthplace Viguria. 14. Malden name Margaret Hanrode 15. Birthplace Reisters town. Md.	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Dodgo M. Jadioin.	Aatopsy results
Address 1021. 07. Ca. Security 17. Burial (Burial, complete property) Date thereot. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery of crematury Couldon Tark Location Balto - Med.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director. William book duc. Address 1217 St. Paul st.	Means of Injury Injured at work? Social Della . M. R.
19	Sparrows Bout Signed. 20.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING-INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of department of the cause of department.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0)

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CERTIFICATE OF DEATH

P. Dist. No. 30

1. PLACE OF DEATH: Baltimore					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
Catons ville (If outside city or town limits, write RURAL and give nearest town)			***************************************	State Maryland county Baltimore			
City or town	(If outside	city or town l	imits, write R	URAL and give nearest town)			
How long in above place of death? 5 days		City or town Masonic Home (If outside city or town limits,	write RURAL and give nes	rest town)			
	Hospital, Institution, or street address where death occurred: Spring Grove State Hospital		Street No				
					(If rurai, give I	OCATION)	
How long in hospita	al or Institu	tion?	o days		2.(a) If veteran, name war		
3. (a) FULL NA	3.(a) FULL NAME Albert Stunkle Burch					3. (b) Social Security	Number
4. Sex	5. Co	ior or race	8.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male		White		Married	20. DATE DF DEATH September	12 145	12:10 a
				nderson	21. I CERTIFY that death occurred on the date above September 7 19	45 to Sept emb	er 121945
7. Birth date of) If alive, give ageyears	and that I last saw h i.m alive on Sept.	ember 12	1945
deceased (mo., d			ary 23,		Immediate cause of death	*******************************	DURATION
0. 1.0		Months	Days	If less than one day	Pulmonary oedema		1 day
7	3	7	20	hrsmin.			***************************************
9. Birthplace		(Town,	county, and a	nty, Md.	Due to. Uremia		2 days
10. Usual occupati	ion	Yard c	***************************************	***************************************	Due to Chronic interstit	ial nephritis	Indef.
11. Industry or bus	iness	Railro	ad				
当 12. Name		James 1	D. Burc	h	Other conditions		
12. Name		West V					
					(Include pregnancy within 3 m	onths of death)	
HLOW 14. Maiden na	ame				Major findings of operations		
≥ 15. Birthpiace		West V	irginia	?			
16. tnformant		Hospit	al reco	rds	Antopsy results	***************************************	
Address				8, Balto., Md.	PHYSICIAN: Please underline the cause to whi	ch death should be charged	statistically.
Address	141	1			22. VIOLENCE: If death was due to external caus	es, fill in the following;	
17(Buriai, crema	tion, or re-	novai, Which?	Date there	of Sept. 15-45 (month) (day) (year)	Accident, suicide, or homicide	Date of	
	7	11111	on 1	ranch	Where did injury occur?(City or town)		(Ch.+a)
Cemetery or cre	mytory		1	Din d			(State)
Location	icas	ww			Injured at home, farm, Industry, public place (who		
16. Funeral direct	07	v. Z	.000	yes yo	Means of injury	Injured at work?	
Address / 5	-	follo	in f		23. SIGNATURE Shead 6	Fardre	ryin
10 9	117	3 , KI		tw Jedru	Halto -28. Wa	ner, M.D. M.D.	9/12/45
(Date rec'd b	y registrar)		D - Registrar	Address	Date signed	

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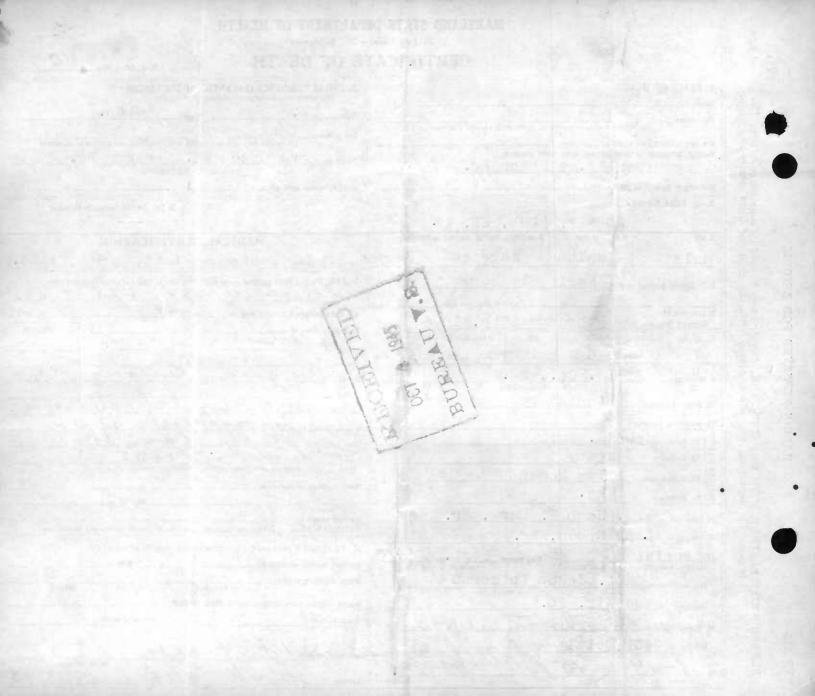
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0



US74300

				CERTIFICA	TE OF DEATH Reg. Diat. No.				
1. PLACE OF	1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Daloimoro									
Gily Of LOWIL	City or town. Long Green (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? life			URAL and give nearest town)	Tong Cheen				
How long in above p	lace of d	leath?	leath occurred	:	(If outside city or town limits, write RURAL and give nearest town)				
Long G	reer	n Rd. &	Mano	r Rd. Street No. Long Green Rd. & Manor Rd.					
How long In hospit	al or ins	titution?	***************************************		2.(a) If veteran, name war				
3. (a) FULL NA		JOHN F.	BURK	. SR.	3. (b) Social Security Number				
4. Sex		Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION				
male		white	m	arried	20. DATE DF DEATH September 13th, 19 45 47:15A.				
6.(b) Name of husb	and or w	Mari	e Ely	Burk	21. I CERTIFY that death occupred on the date above stated; that Jattenged deceased from				
				e) If alive, give ageyears	and that I last saw ham allow on Long 15 19 45				
7. Birth date of deceased (mo., d				7th, 1876					
	ears	Months	Days	If less than one day	Immediate cause of death Thromboses Chro				
(69	6	16						
6. Birthplace	Bal	lto. Co.	Md	etate)	Due to Lingura fectorio 7 MOS				
					get y sertensive Sclerotic 20 ys				
11. Industry or bus					Cardiovascular Desosse				
12. Name5	John	C. Bu	rk	••••••	Bither conditions Tekhrectony (1)				
13. Birthplace	Ge	ermany			(Include pregnancy within 3 months of death)				
至 14. Malden na	meI	uide H	oman						
14. Malden na 15. Birthplace		Pa.			Major findings of operations				
		John 1	F. Bu	rk, Sr.	Autopsy results.				
		g Green			PHYSICIAN: Please underline the cause to which death shoold be charged statistically.				
				Sept. 1945	22. VIOLENCE: If death was due to external causes, fill in the following:				
(Burial, cremation, or removal, Which?) (month) (day) (year)			Date there	(month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory St. Johns Lutheran					Where did lojury occur?				
Location Si	Location Sweetair, Md.			***************************************	Injured at home, farm, industry, public place (where?)				
1B. Funeral directo	r. 25	assalu	Fu	recel Home	Means of Injury Injured at work?				
		Belair			tholdow I The die Mr				
9-1	14	45	MO	1/ Hemmet 1	Signature M. D. or other				
(Date rec'd by	registr	ar)	V	Registrar	Address Jake All' Date signed 9/13/43				



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-0



CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town Baltimore (If ontside city or town limits, write RURAL and give nearest town) Street No. 1224 Stricker Ste (If rnral, give LOCATION) 2.(a) It veteran, name war		
City or town Fort Howard. (If outside city or town limits, write RURA How long in above place of death? 11 days Hospital, institution, or street address where death occurred: Vets.Adm. Fac. Fort Howard, M How long in hospital or institution? 11 days	aryland			
3. (a) FULL NAME RICHARD BURR			3. (b) Social Security	Number
4. Ses 5. Color or race 6.(a) Single, mar Male negro Marrie	rried, widowed, or divorced	MEDICAL (2D. DATE OF DEATH Sept. 2	CERTIFICATION	. at 8:55 A
8.(b) Name of husband or wife. MBS. Ada Burr 7. Birth date of deceased (mo., day, yr.) July 16, 1890	allve, give age 42 years	21. I CERTIFY that death occurred on the date a August 22 11 and that I last saw h im alive on Set	945 to Sept. 2	19. 45
8. AGE: Years Months Days	t less than one dayhrsmin.	Immediate cause of death	na, right lung	***************************************
8. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual occupation. Unemployed 11. Industry or business 12. Name William Burr 13. Birthplace Baltimore, Maryland		Due to	th Cerebral	
14. Malden name Laura ? 15. Birthplace Baltimore, Marylan	ıd	Major findings of operations. NONO	Pate of op	
Address Fort Howard, Marylan	ıd	Autopsy results. Pron the ger PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external c	which death should he charged	
Cemetery or crematory Baltimore Nations		Accident, suicide, or homicide) (County)	(State)
18. Funeral director Thomas E. Kelson Address 1303 Pressman St. Balto		Injured at home, farm, Industry, public place of Meens of Injury T. Procee 23 SIGNATURE TO BRACKING Veterans Administry The Howard Md	Injured at work? Lew fr. JR. CAPT. M.C. stration M.D.	r other

PLEASE WRITE

VS A15

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

18751

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CERTIFICAT	TE OF DEATH
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stafe
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Cecelia	Buttle 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Shgle, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. Self O 19 3-20 H
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) April 9. 45.	and that I last saw halive on
8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace	Due to.
11. Industry or business	Due fo
12. Name. Seller 13. Birthplaco 14. Maiden name. Margaret Olyhinka 15. Birthplace Baffic Sud	(Include pregnancy within 3 months of death) Major findings of operations Date of op.
16. Informant Service Buller	Antopsy results
Address 17. Burial, cremation, or repoyal, Which?) Cemetery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Grante The Address Grante The	Injured af bome, farm, Industry, public place (where?) Means of Injury Injured at work?
19. 9/10/19 19 45 None & Marting Registrar	23. SIGNATURE M.D. or other Address O O Leader Date Signat O Y J



The state of the s

MARGIN RESERVED FOR BINDING

The correct age

Supply every item of information carefully. The collease write the causes of death clearly and legible

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82)

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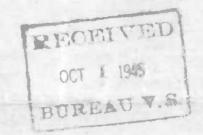
CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State State County
7 -	City or town (if outside city or town limits, write RURAL and give nearest town)
Nospital Institution or street address where death secured:	
Je Ja Sproll	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	(asmo) 3. (b) Social Security Number
4. Sex 5. Cotor or race 6.(a) Single, married, biddwed, or divorced	MEDICAL CERTIFICATION
I II Sayle	20. DATE OF DEATH Sefet 18 19.45 , 21 7.55
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	July 10 45, 10 Sell 18 19 80
7. Birth date of deceased (mo., day, yr.) Offer 22 1869	and that I last saw h 22 alive on 19
8. AGE: Years Months Days if less than one day	Immediate cause of death DURATION
76 26min	Mongrey fruit Musical 9
9. Birthplace eller	During
(Town, county, and state) 10. Usual occupation	
	Oue to
11. Industry or business	
13. Birtholace	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name. Canal C	Major Endings of operations
2) 15. Bunglace	- Date of op
16. Information of the state of	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 8206 /6 W of Flack WC	22. VIOLENCE: if death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Oate thereot (conth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Cardellon Sell	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Land A Tankar	Means of injury Injured at work?
19.1 . 10 Ohl	
Address Galdes Ville MA	23. SIGNATURE M. D. or other
19. (Date rec'd by weistrar)	to laniste -28- Jus 1919/40

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PLEASE WRITE PLAINLY, WITH UNFADING INK is especially important. Physicials:



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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CERTIFICAT	TE OF DEATH Reg. Dist. No.
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME GLADYS CA	A VENDER) 3. (b) Social Security Number no
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH September 18.4.5 at 9 4 9 m
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 19. 45, to 19. 45
8. AGE: Years Months Days If less than one dayhrsmin.	Immediate cause of death Coronary Outsiers Suller
9. Birthplace	Due to. Due to.
12. Name beid Cavender 13. Birthplace Manyland	Other conditions American Total 5 days (Include pregnancy within 3 months of death)
14. Malden name Harma tolls worth Slaught 15. Birthplace Maryland 18. Informani Colonifero Recol Address Feturan Facility Forl-Harmal	Major fiudiugs of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
17 Eurial (Burial, eremation, or removal, Which?) Cemetery or crematory. Loudon Park Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Baltimore Md. HENRY SANDER & SONS.INC. Address North Ave. & Broadway	Injured at home, farm, Industry, public place (where?)
19. 9/8 19X5 Aw- Velrul (Date rec's by registrar) 19X5 Registrar	23. SIGNATURE. M. D. or other Address. — AM Honord Oate signed 17.19.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: County	State Md. County Balto. City or town Raspeburg (If outside city or town limits, write RURAL and give nearest town) Street No. 107 Kolb Aye. (If rural, give LOCATION)		
VIVIAN CLIFT	o. (v) botta beturny number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female white married	20. DATE OF BEATH. September 1st, 19 45 at 6: 15A		
6.(b) Name of husband or wife Wm. V. Clift 6.(c) If elive, give age years 7. Birth date ot deceased (mo., day, yr.) January 1st. 1876	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from Nacch 19. # 3, to 19. # 5 and that I last saw h		
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION 20 mins		
69 8 0min.	Otternoclesting cardiossocilar mand 1943		
9. Birthplace Balto. Co. Md. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Due to sevel desesse with hypotensis mach 1943 Due to. Due to.		
12. Name Philip J. Young 13. Birthplace Ohio	Other conditions		
14. Maiden name Sarah A. Rutter 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major fiedings of operations.		
	Date of op.		
16. Informant Mr. Wm. V. Clift Address 107 Kolb Ave.	Autopsy results		
17. burial Date thereof Sept. 4, 1945 (Burial, cremation, or removal. Which?) Cemetery or crematory. Mt. Olivet Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Baltimore, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Landau Fineral Home	Means of Injury Injured at work?		
Address 7401 Belair Road 19. Lat. 19. 45 Lat. Registrar 19. Lat. Registrar	23. SIGNATURE M.D. or other Address 62 1 Vitagna Rd Date signed 9/1/45		



The correct age

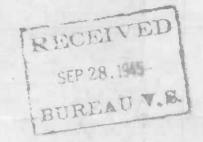
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

	Keg. Diet. 140	****************	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore			
City or town Towson Maryland	State M & County	***************************************	
City or town (If outside city or town limits, write RURALyand give nearest town)	City or town Balto	******	
How long in above place of death?	(If outside city or town limits, write RURAL and give near	est town)	
How long in above place of death? Hospital, Institution, or street address where death occurred: Eudowood Sanatorium, Towson 4, Md.	Street No. 8 0 Noction Athelt		
	(If rural, give LOCATION)	1	
How long In hospital or institution? / ms /5 days	2.(a) If veteran, name war	*******************	
3. (a) FULL NAME	3. (b) Social Security N	umber	
Charles Richard Coarts	219016	487	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W married	20. DATE OF DEATH Sept 19 1941	1250	
8.(b) Name of husband or wife Areating Cart	21. I CERTIFY that death occurred on the date above stated; that I attended deceas		
7 /	2005 4 19 10 10 10 10 10 10 10 10 10 10 10 10 10		
7. Sirth date of	1 7 ,	41	
deceased (mo., day, yr.) + porceary 18 - 1900		19./	
8. AGE: Years Months Bays If less than one day	Immediate cause of death Manhoustan, 186	DURATION	
45 7 1 min.		***************************************	
The state of the s			
9. Birthplace (Town, county, and state)	Due to	apour	
(Town, county, and state)		11 Mouth	
10. Usual occupation.	Bue to		
11. Industry or business			
12. Name John Coarts	Other conditions	***********************	
13. Birthplace Baland		00000000000000	
6 0. 0.	(Include pregnancy within 8 months of death)		
14. Maiden name	Major findings of operations.		
15. Birthplace Bath Ind			
Personal History Hospital Records	Autopsy results.		
Address, Eudowood Sanatorium, Towson 4 M	PHYSICIAN: Please underline the cause to which death should be charged at	atistically.	
2/20/1/5	22. VIOLENCE: If death was due to external causes, fill in the following;		
Bate thereof (Month) (Jdy) (year)	Accident, suicide, or homicide		
Cemetery or crematory Aut South Blandings	Where did Injury occur?	(State)	
Location 2930 Anekewich Clift	Injured at home, farm, Industry, public place (where?)		
18. Funeral director & Mus & Dowans & Jour	Means of Injury Injured at work?		
Address ADII - DAS ATAPLICA STROOT	- //11: 6/1:	Acres	
The state of the s	23. SIGNATURE A LA L	gus	
19. (Date rec'd by registrar) Registrar	Address Towson 4, Maryland Bate signed	19-19-45	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

	1	8	7	5	74	7	
Reg.	Di	st.	No		5	1	

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
City or town	State Margland County Bolto
How long in above place of death?	City or town
anysburg House, Campfield Rd.	Street No3.0.6. Beechfield We.
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME KIRK Coles	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH 20. DATE OF DEATH
6.(6) Name of husband or wife William In lo ales	21. I CERTIFY that death occurred on the date above stated; that Latiended deceased from
7. Birth date of deceased (mo., day, yr.) Apr. 29, 1866	and that I last saw h. e. alive on Say of Bod 19.45
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
79 9 /hrsmin.	Heart Disease 5 years
8. Birthplace (Town, county, and state)	Due to
10. Usual occupation Itausewife	Due to
11. Industry or business 12. Name Andrew Kourad Petz 13. Birtholace Baltinesse	Other conditions - Chronic Fall Bladder 3 yrs
13. Birthplace Galling 14. Malden name Elizabeth Knot	(Include pregnancy within 8 months of death)
15. Birthplace Balto.	Major fiudiags of operations
16. Informant Records of The augsburg Home.	Autopey results
Address bampfield Rd. Balto. bo, kid.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. But (Burial, cremation, or removal, Which?) Date thereof 9 - 45. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lecture Lalus	Where did injury occur?
Location Greenwount are & north are	Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director. L. Alemann + Xon	recare of injury injury injured at work?
Address 32 & Broadway	23. SIGNATURE land bhambers M. D. or other
19	Address 410 & Shorty Hts Date signed 9/6/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

18758

CERTIFICATE OF DEATH

	CERTIFICA	TE OF DEATH Reg. Dist. No	<i>I</i>		
1. PLACE OF DEATH: County BALTO		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Street address, hospital, or institution: BORQUE AVE	RIVER s, write RURAL NEAR and give town)	State MDa County BALTO City or town MIDDLERIVER Ward No. (If outside city or town limits, write RURAL NEAR and give town) Street No. BORQUE AVE.			
Stay in hospital or Inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	40 YRS.	- (If rural give LOCATION)			
3. (a) FULL NAME		3. (b) Social Security	Number		
	R.COMBS	NONE			
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	PM.		
MALE WHITE	MARRIED	2D. DATE OF DEATH SEPT 10 19 45			
6 (b) Name of husband or wifeANN	A COMBS	21. I CERTIFY that death occurred on the date above stated; that Valtended decea	sed from		
7. Birth date of		and that I last saw homalive on Scat 10	19 K 3 T.		
8. AGE: Years Months	T . 3 1876 Days If less than one day	Immediate causept death	DURATION S Days		
9. Birthplace VIRGINIA (Town, co	ounty, and state)	Due to			
11. Industry or business		Due to			
nd1	.COMBS	Other conditions Generally & antesne selen	45 241		
	ROWN	(Include pregnancy within 8 months of death)			
5		Major findings:	PHYSICIAN		
15. Birthplace VA		Df operations	Please underlin		
16. Informant	VIATROWSKI(SAUGHTER	Df autopsy	death should be charged siatisti- cally,		
17. BURIAL (Burial, cremation, or removal. Which?)		22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)		
Location ODONNELL S	ST	Injured at home, farm, indusiry, public place (where?)			
	Beilerine:	Means of injury injured at work?			
Address 403 S.WOLE		12, 12, 12,	//		
19 April 2 19 40 (Date rec'd by registrar)	John H. Gruelly Registrar	23. SIGNATURE M. D. o Address Sasax My Date signed			

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. VS A15

The



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, iostitution, or streel address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or Institution?	2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number

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				CH
3. (a) FULL NAME	400	7	0	1
	Clar	an	v. car	Era
4. Sex	5. Color or race	6.(a)Single	a, married, widowed, or divo	rced
temale	White	luc	Raw	
6.(¿) Nama of husband	or wite late	Harle	sm. Con	kran
7. Birlh date ot deceased (mo., day, y	. Feb.	15,18	e) It alive, give age	year
8. AGE: Years	Months	Days	It less than one day	
79	17	15	hrs	min.
9. Birthplace	************************	connty, and s	tate)	
11. Industry or business		0	1	
12. Name	Henry	See	60	
14. Malden name	lizabe	th E	gan	

3. (b) Social Security	Number
MEDICAL CERTIFICATION ATE OF DEATH Sep. 39 19 45	116.
CERTIFY that death occurred on the dale above slated; that I attended decided the state of the s	eased from
diate cause of death Cenetical Turnson has	DURATION 3 400
antinos elus 3 is	
conditions	•
(Include pregnancy within 8 months of death)	



Burial, eremation, or remoyer. Which?)	Date thereot (month)	(day) (year)
emelery or crematory. Toul		
3801-7	0	D - 0

Address	410	1 6	Imos	Ison	aw
9(Date r	ec'd by registra		2/1	ang	Lead

Injured at work?

PHYSICIAN: Please underline the cause to which death should be charged statistically,

22. VIOLENCE: It death was due to external causes, fill in the following:

(City or town)

Accident, suicide, or homicide.....

Injured at home, farm, Industry, public place (where?)

Where did Injury occur?

Means of Injury

Major findings of operations.....

M. D. or other 10/2/44

VS A15

The correct age

oly every item of information carefully write the causes of death clearly and

ADING INK. Supply Physicians: please wr

WITH UNFADING INK.

important.

WRITE PLAINLY, is especially

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9340

CERTIFICATE OF DEATH

68760

Reg. Dist. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State
1/2	City or town
How long in above place of death?	City or town
Sport Isd & Sulfhur Joney	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, came war
3. (a) FULL NAME	3. (b) Social Security Number
Dathe 6	Cornell
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION / 3-
7. W married	20. DATE OF DEATH Seff 15 185 at a M
Rufus Comell.	21. I GERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	
7. Birth date of	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Ammediate Case of Century
57 4 1hrsmin.	acute Cardin Laslure
T-a	
9. Birthplace	Due to
10. Usual occupation.	
11. Industry or business	Due to
	Juddin deal
12. Rame Denning 13. Birthplace	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name May Meyers 15. Birthplace	Major findings of operations.
S 15. Birthplace Tal	Bate of op.
O has Consull	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Quantum Table 1	Injured at home, farm, Industry, public place (where?)
18. Funeral director Level Manne	Means of injury Injured at work?
Address Faline med	I hat: 11 classice
11/12 101- 9 4 10	23. SIGHATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address 016 Leeds an Date signed 9-15-45



UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of leath clearly and legibly

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore /94

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CEDTIFICATE OF DEATH

CERTIFICA	IE UF DEAIR Reg. Dist. No	.K
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Mount Wilson, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland county	***************************************
(If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give near	rest town)
How long in above place of death? O yrs. 10 mos. 0 days Hospital, institution, or street address where death occurred t. Wilson		
Branch, Md. Tuberculosis Sanatorium	11	
How long in hospital or institution?O		
James Costellos	3. (b) Social Security 213-14-353	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH September 13, 19.45.	3:25 Am
6.(6) Name of husband or wife Anita Costellos	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
6.(b) Name of husband or wife	November 13, 1944, to Sept. J	.3 19.45
7. Birth date of deceased (mo., day, yr.) October 26, 1893	and that I last saw h.i.malive on .September 13,	
deceased (mo., day, yr.) UCUODET 20, 1893 8. AGE: Years Months Days If less than one day	Immediate cause of death	
51 10 18min.	Pulmonary Tuberculosis	1
9. Birthplace Sparta, Greece (Town, county, and state)	Due to Tubercle Bacilli	
10. Usual occupation	Due to	***************************************
11. Industry or business [12. Name. Charles Costellos	Other conditions Syphilis	Ilnknow
12. Name Charles Costellos 13. Birthplace Greece		and the state of t
f 4. Maiden name Stella Goumboulas	(Include pregnancy within 3 months of death)	
f4. Maiden name Stella Goumboulas 15. 9irthplace Greece	Major findings of operations. No operation	
16. Informant James Costellos	Antopsy results. No autopsy.	
	PHYSICIAN: Please underline the cause to which death should be charged	etatistically.
Address 49 S. Arlington Ave., Balto., Md.	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial (Burial, cremation, or removal, Which!) Bate thereof Sept 15, 1945 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Greek Cemetery (Evangelismo	Where did injury occur?	(State)
Location Windsor Mill Rd., Balto., Md.		
18. Funeral director Q. Durward Covington	F. F. J. L.	
Address 21 W. 25th St., Balto., Md.	23. SIGNATURE Stewart & Maffer M. D.	, m.D.
19 Sept. 13 1945 Earl 7 Welst (Date ree'd by registrar) Registrar		

SEP 17 1945
BUREAU V.S.

FOR BINDING

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PLEASE WRITE PLAINLY, is especially

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

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C	U	-	U	P

Reg. Dist. No....

CERTIFICATE OF DEATH

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2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	rest town)
MEDICAL CERTIFICATION 20. DATE OF DEATH	
21. I CERTIFY that death occurred on the date above stated; that I attended decession and that I last saw h	19
Cerebral Hemorrhage	
Due to Bue to Bue to	. м
Diher conditions Hemiplegia left, Penumonia right upper lobe (Include pregnancy within 3 months of death)	
	State

Fort Howard, Maryland Address

15. Birthplace

(Burial, cremation, or removal, Which?)

16. Informant Clinical Records, Vets. Adm. Fac.

Meene of Injury

Accident, suicide, or homicide..... Where did injury occur?

PHYSICIAN: Please underline the cause to which death abould he charged atatistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

injured at home, farm, industry, public place (where?) ..

(City or town)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Ba

68763

CERTIFICATE OF DEATH

Reg. Dist. No.

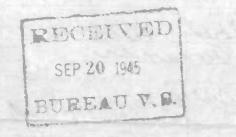
1. PLACE OF DEATH: County Coun		
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Rev loce in above place of dealth. (If contide city or town limits, write, RURAL and give nearest town) Republish, Institution. 3. (a) FULL NAME 3. (a) FULL NAME 3. (b) Social Security Number 2. (c) If velerae, name war 4. Set 4. Set 5. Color or race 5. (c) Single, mergled, wicewed, or diverced 4. Set 6. (c) Haine of barband or wife. 8. (b) Haine of barband or wife. 8. (c) It alive, give ago. 7. Set decreased (me. 6.97, 7.) 8. AGE: 7. Set 8. AGE: 7. Set 8. AGE: 7. Set 8. Birthspiace 10. Usual occupation. 11. Industry or business 12. It alives and that lists saw helf. alive on lists and lists are for postalities. 13. Industry or business 14. Birthspiace 15. Informatic craws for segment. Which it is considered. 16. Birthspiace 17. Birthspiace 18. Raterial director or business 19. Actions or segment. Which it is considered. 10. Business place of death. 11. Consider crawmition, or segment. Which it is considered. 12. Violence: If death was due to external causes. Ill in the following: 11. Raterial director or segment. Which it is considered. 12. Violence: If death was due to external causes. Ill in the following: 12. Violence: If death was due to external causes. Ill in the following: 12. Violence: If death was due to external causes. Ill in the following: 12. Violence: If death was due to external causes. Ill in the following: 13. Birthsplace 14. Bases of longer cores. 15. Street Mc	(If outside city or town limits, write RURAL and give nearest town)	V2. 0# == 0
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3. (b) Social Security Number 1.5 - 0.3 - 7887 4. Sex 5. Color or race 5. (a) Singlin, maryiel, widewed, or directed WEDICAL CERTIFICATION 20. DATE OF BEATH 21. I CERTIFY, that death occurred on the date above tabled: that satisfied deceased from the date above tabled: that satisfied deceased from day, yr.) 8. AGE: 18215 Meaph 9 fyrs All sex has one day 10. Usual occupation 11. Industry or business 11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Birthplace 17. Windens 18. Birthplace 18. Birthplace 19. Winchin 19. Winchin 19. Winchin 19. Winchin 11. Industry or business 11. Birthplace 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Birthplace 17. Winchin 18. Birthplace 19. Winchin 19. Winchin 19. Winchin 10. Winchin 11. Least was down table to death who day of death) Major findings of operations. 11. Birthplace 12. VIOLENCE Heath was due to external causes, fill in the following: 17. Commeter or crematery 18. Findense underline the cause to which death should be charged statisticistly. 22. VIOLENCE Heath was due to external cause, fill in the following: 19. Commeter or crematery 19. Winchin 19. Winchi		
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8.(b) Name of husband or wife 8.(c) If alive, give age 12. Lighth date of deceased (mo, day, yr.) 8. AGE: Years 10. Usual occupation 11. Industry or business 12. Name 13. Birthplace 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Location Date thereof. 10. Usual occupation Date thereof. 10. Usual occupation Date thereof. 10. Usual occupation Date of op. 11. Industry or business 12. Name Address Autopsy results Physician, reemstion, or zemobal. Which of death should be charged statistically. Location Date of op. 18. Foreral directop Cemetery or crematory. Address Address 19. Autopsy results Physician, reemstion, or zemobal. Which of the charged statistically. Many or business 11. Industry or court (Gity or town) Country) Cemetery or crematory. Address Address 20. Autopsy results Physician, Please underline the cause to which death should be charged statistically. Name of industry, public place (where?) Means of Injured at home, farm, industry, public place (where?) Means of Injured at work? M. D. or other 19. Autopsy results M. D. or other 22. SIONATURE 23. SIONATURE 24. Autopsy results M. D. or other 24. Autopsy results M. D. or other 25. Injured at work? M. D. or other M. D. or other	Lemple white married	10hl 9 11- 613p
7. Birth date of deceased (mm., day, yr.) 8. AGE: Years Month Dy's At less than one day 9. Birthplace (Town, country, and state) 10. Usual occupation 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Date thereof 19. Which is a constant of the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director or crematory or crematory or crematory or control of the co	Glares Prova	
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Due to 11. Industry or business 12. Name 13. Birthplace 14. Malden name 15. Birthplace 16. Informant Address 17. Burind, cremation, or removal. Which? 18. Euneral director 19. Funeral director 20. Funeral director 21. Funeral director 22. Signature 23. Signature 24. Funeral director 25. Funeral director 26. Funeral director 27. Funeral director 28. Funeral director 29. Funeral director 20. Funeral director 20. Funeral director 20. Funeral director 20. Funeral director 21. Funeral director 22. Signature 23. Signature 24. Funeral director 26. Funeral director 27	9. Birthpiace	Due to.
12. Name	10. Usual occupation. House wife	Due to
14. Maiden name Substitute	11. Industry or business	
14. Maiden name Substitute	H 12. Name Heurt Me Curring	Dther conditions
15. Birthplace 16. Informant Address 17. (Burial, cremation, or remotal, Which!) Location 18. Funeral director Address 19. Address 19. Address Major findings of operations Major findings of operations Major findings of operations Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Mesns of injury 19. Address/1-00 U. Advisor of the course of the co		(Carled accesses within 2 months of death)
2 15. Birthplace 16. Informant Drull Tourist Authors Address 17. (Burial, cremation, or removal, Which?) Cemetery or crematory Description (most) (day (year)) Location Date thereof Means of Injury occur? Address/ 2 00 W downback description (most) (day (year)) Authorsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury injured at work? 23. SIGNATURE 23. SIGNATURE	E 14. Maiden name Sixtha Dowling	
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Address Add	When te of With Alle	· Autopsy results
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	D101	
Cemetery or crematory. Location	A 9-10/2 H.	
Location Sattracor Injured at home, farm, industry, public place (where?) 18. Funeral director Tradsreck A. Cole Address/ 2-00 W. Jorichard B. 19. Sept 11 19 4 and Redrick 23. SIGNATURE M. D. or other M. D. or other	(Burial, cremstion, or removal, Which?)	
18. Funeral director traderick A. Cole Address/2-00 W. Jornstand B. 19. Sept. 11. 19. 44 and Hedrick 23. Signature D. J.	Cemetery or crematory. Herr Called real	Where did injury occur? (City or town) (County) (State)
18. Funeral director Tradarite Address/ 200 W Low band &t 19. Sept 11 19 45 and Hedrick 23. SIGNATURE Define G. M.D. or other M.D. or other M.D. or other	Location Abathureous	Injured at home, farm, Industry, public place (where?)
Address/200 W Lowbard &t. 19. Sept 11 19 45 aw Hedrick 23. SIGNATURE John G. M. D. or other M. D. or other M. D. or other	12 Superal disease to a dereich A. Cole	Mesns of Injury Injured at work?
19. Sept 11 19 45 and Hedrick 23. SIGNATURE M. D. or other	The state of the s	7.0 2 Kingler 1/18
19 Sept 19 4 an Reduck Cotiles of gay	AUDIESS/ FOU W. COMPARED 10	23. SIGNATURE M. D. or other
	(Date re'd by registrar) (Date re'd by registrar) (Date re'd by registrar)	offer of the gardi

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (70-2) CERTIFICATE OF DEATH

L			Uð	6.5.5
7	Reg.	Diat.	No	44

1. PLACE OF DEATH: Venoue	2. USUAL RESIDENCE (HOME) OF DECEASED: (For dewborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County
City or town. (If outside city or town limits, write RURAL and give nearest town)	City or lown
How long in above place of death?	Street Ho.
nuspries, instruction, of the control of the contro	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3, (a) FULL NAME Cosenett (wreto	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 032
male Colored married	20. DATE OF DEATH. 9-8+48 19 19 19
There was In	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I last saw halive on
7. Birth date of deceased (mo., day, yr.) Makel 4, 1912	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	frames of
33min.	Fractities Lift fairs.
9. Birthplace	Due to.
(Town, county, and tate)	
1D. Usual occupation	Due to
11. Industry or business Sparrows Joint	
12. Name Ben Cycelar 13. Birthplace n. 6.	Dther conditions
13. Birthplace n. C.	(Include pregnancy within 8 mouths of death)
14. Malden name The / Fully	Major findings of uperatious.
14. Malden names 15. Birthplace 12.	Date of op.
l'en and l'eskelan	
18. Informant 1-21. 2 m Cuttlenee St	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / 203 / 1. 200 200 200 200 200 200 200 200 200 20	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal. Which?) Date thereot	Accident, suicide, or homielde
Cemetery or crematory	Where did injury occur? (City or town) (Contaty) (State)
	Injured at home, form, industry, public place (where?)
Location De Color De Marily Tourselle	Meens of injury little Stude Areajured at work? Up
18. Funeral director. D. M. M. M. M. Colonia V. Colonia	Many m.
Address &) 29 M. Caroline St	23. SIGHATURE M. D. or other
910 45 John H. Comelle	May Says - Web - the offer
10	Address Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 442

CERTIFICATE OF DEATH

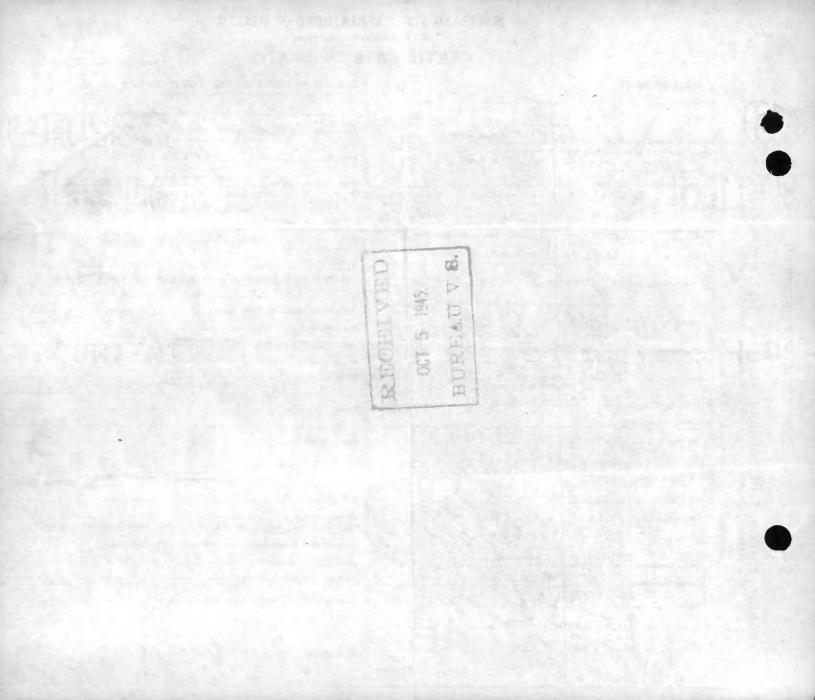
115 01 Lane.
Reg. Dist. No.

I. PLACE OF DEA	DATE	TMORE	2. USUAL RESIDENCE (HOME) OF D	ECEASED:	
County		IMORE		untyBALTO	
City or town(If out	tside city or town limi	I.E MD. ts, write RURAL NEAR and give town)	17		
Street address, hospital,			City or townCATONSVILLE	vrite RURAL NEAR and give	ard No
			Street No. 28 BISHOPS LA		
		T T TOTA		LOCATION)	
		LIFE	2(a) IF YETERAN, NAME WAR		
3. (a) FULL NAME				3. (b) Social Security	Number
	ANNA	M.CUSACK		NONE	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
TEMALE	WHITE	MARRIED	20. DATE OF DEATH SEPT.	8 19 4	5et2_pm
6 (b) Name of husband	or wifeEI	WARD P.CUSACK	21. I CERTIFY that death occurred on the date abo		-
		6(c) If alive, give ageyears	Neg 1 7 194	5,10 (Kend	19
7. Birth date of			and that I last saw h 22 alive on _ R	er 8	19.45
8. AGE: Years		7 1891 Days If less than one day	Immediate cause of death	2	DURATION
			Cascuoma of A	ea Teach	5 1900
54	4	22 min.			
9. Birthplace	BALTIMOR	E MD	Due fo		
10. Usual occupation					
			Oue fo		
11. Industry or business		HOME		·	
E	JOHN J.		Other conditions	ceron sus	
13. Birthplace		TRIA	(Include pregnancy within 3	months of doubh	
14. Maiden name _ 15. Birthplace	ANNA_	M.SCHULTZ	Major findings:		PHYSICIAN
15. Birthplace	GER	MANY	Of operations	et aun	Please underline
16. Informant _EDY	ARD P.CU	SACK (HUSBAND)			death should be charged statisti-
	BUSHOPS		Of autopsy		cally.
			22. VIOLENCE: If death was due to external car	uses, fill in the following;	
17. BURIAI (Burial, cremation,	or removal, Which?)	Oate thereof SEPT 12/45 (month) (day) (year)	Accident, suicide, or homicide	Oate of	
Cemetery or cremator	SACR	ED HEART	Where did injury occur?(City or town)	(County)	(State)
	ERMAN_HI		Injured at home, farm, industry, public place (
	1.11	130180	Means of injury	Injured at work?	
1B. Funeral director	The state of the s	1 9000		/ Injured at work?	
Address 2	103 S. WOI	FE ST	2 Beech	tourse	
10 9-11	10 65 6	accorde	23 SIGNATURE	М, D,	or other
(Date rec'd by re	gistrar)	Registear	Address & Colous &	ele Date signer	X -13

SEP 8 1935
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 472 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: information carefully. The c (For newborn infants give residence of mother) city or town limits, write RUKAL and give nearest town) (If outside city or town limits, write RURAL, and give pearest town) How long in hospital or institution?. 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number 4-05-101 6.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 20. DATE OF DEATH write 7. Birth date of Supply deceased (mo., day, yr.) DURATION If less than one day 8. AGE: pl 9. Birthplace... UNFADING INK ant. Physicians: (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name. important. 13. Birthniace 14. Maiden na 15. Birthplace 14. Maiden name especially PLAINLY PHYSICIAN: Flease underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Accident, suicide, or homicide... (month) (day) (year) Where did injury occur? WRITE (City or town) (County) Injured at home, farm, industry, public place (where?) Means of injury injured at work? PLEASE Address 23. SIGNATURE

Address.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-elearly and legibly. VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (834)

CERTIFICATE OF DEATH

08768 P

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
Now long in hospital or institution?	2.(a) If veteran, name war. NONE
3. (a) FULL NAME	3. (b) Social Security Number
Nunzia De Luzio or De Luz	ZZ1a.
4. Sex 5. Color or ruce 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. BATE OF DEATH Sept 23 19.45 21 4 Pm
8.(b) Name of husband XXXVe Late Gennaro De Luzio S.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 10 Sept. 23 19.45 and that I last saw h
deceased (mo., day, yr.) March 25 1864	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cushal thrankosis
81 5 23hrsmin.	- hurslesia 2 days
9. Birthplace Torricella Peligna Italy (Town, county, and state) 10. Usoat occupation House wife 11. industry or business Home	Due to
12. Name	Other conditions. Leneral arteresclessais
12. Name	-port
2 · · · · · · · · · · · · · · · · · · ·	(Include pregnancy within 3 months of death)
14. Molden name ? 15. Birthplace Italy	Major findings of operations
	Date of op.
16. Informant Mary Di Legge (Daughter) Address 6612 Golden Ring Rd. (Raspeburg Md.) 17. Burial (Burial cremation, or removal Which) Cemetery or crematory St.s. Vincent Location Baltimore Md. 18. Funeral director Frauk Della Voce Address 52 N. Morley St. 19. 9/24 18.45 Ahrel	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to exteroal causes, fill in the following: Accident, suicide, or homicide

personal to the property of the first of the

MARYLAND STATE DEPARTMENT OF HEALTH information carefully. The correct age of death clearly and legibly. 2411 N. Charles St., Baltimore (945) CERTIFICATE OF DEATH 1. PLACE OF DEATH: Baltimore Parkyllle (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: 7810 Oak Ave. How long in hospital or institution?..... 3. (a) FULL NAME PETER DENNE B.(a) Single, married, widowed, or divorced 4. Sex 5. Color or race ADING INK. Supply every item of Physicians: please write the causes ARGIN RESERVED FOR BINDING male white married Christina C. Denne ...6.(c) If alive, give ageyears 7. Birth date of October 29th, 1889 deceased (mo., day, yr.) Months 8. AGE: Days It less than one day 55 10hrs. Germany 9. Sirthplace... (Town, county, and state) Brewer 10. Usual occupation..... 11. Industry or business Free State Brewery 12. Name John Denne END PLAINLY, WITH UNI is especially important. Germany 13. Birthplace Gertrude ----14. Malden name..... 2 15. Birthplace Germany Mrs. Peter Denne 18. Informant ... 7810 Oak Ave., Parkville, Md. Address Date thereof Sept. 8, 1945 (month) (day) (year) burial (Burlal, cremation, or removal, Which?) Cemetery or crematory Moreland Memorial Park WRITE Baltimore, Md. 18. Funeral director Again PLEASE 7401 Belair Road 23. SIGNATURE Thank and a groth be D. M. D. or other Address. 8100 Hasfall Nd. Date signed 9/5/42 Address (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
City or town. Parkville (If outside city or town limits, write RURAL end give nearest town) Street No. 7810 Oak Ave. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number 175-03-6763
(If outside city or town limits, write RURAL end give nearest town) 7810 Oak AVO. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number 175-03-6763
Street No. 7810 Oak AVO. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number 175-03-6763
2.(a) If veteran, name war
3. (b) Social Security Number 175-03-6763
175-03-6763
MEDICAL CERTIFICATION
20. DATE OF DEATH September 4th, 19 45 ,213:05P.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 10 9 19 15 19 19 19 19 19 19 19 19 19 19 19 19 19
and that I last saw h
Immediate couse of death DURATION 2 Week
Oue to
Oue to
Other conditions
(Include pregnancy within 3 months of deeth)
Major findings of operations
Date of op
Autopsy results
22. VIOLENCE: It death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur?
Injured at home, farm, Industry, public place (where?)
Means of Injury Injured at work?

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BUREAU V.S.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

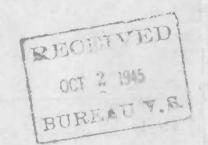
2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
County Baltimore	State Maryland county Baltimore		
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 23 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 1221 N. Calvert Street, Balto. Md.		
Vets. Adm. Fac. Fort Howard, Maryland	(If rural, give LOCATION)		
How long In hospital or Institution?23days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
THOMAS F. DENSMORE			
4, Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATHSeptember 30 1945 2:15a. M		
Sincle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(6) Name of Justians or wife	July 6 19.45 to September 3019.45		
	and that I last saw h.imalive onSeptember30		
deceased (mo., day, yr.) Auc 31 1918	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Rheumatic Heart Disease, Mitral 2 years		
27 0 29hrsmin.	stenosis and insufficiency; aortic		
9. Birthplace Stoystown, Pennsylvania (Town, county, and state)	/b/e/a insufficiency; myocardial damage;		
	myocardial insufficiency; auricular		
10. Usual occupation Clerk	/b/e/o.fibrillation.		
11. Industry or business			
Edgar Densmore	Dither conditions Nephritis, acute		
12. Name Edgar Densmore Maryland			
	(include pregnancy within 3 months of death)		
	Major findings of operations		
15. Birthplace Maryland			
16. Informant Vets. Adm. Fac. Fort Howard, Md.	Autopsy results		
Address Fort Howard, Martland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
20 5 0 + 30 101	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Date thereof (month) (day) (sear)	Accident, suicide, or homicide		
Cometery or crematory	Where did injury occur?		
morganitown M. Van	Injured at home, farm, Industry, public place (where?)		
Location	Meens of Injury Injured at work?		
18. Funeral director A Refley Mall	1 0 0 01		
Address 1 4907 yarre la galfala	(1 Maller		
Make 30 but Ill Goldan W en Hon	WA M. BALTER, LT COL. M.C. Clinical Director		
(bate reg'd by registrar) Registrar	Address Rort Howard, Maryland Date signed 97.30745		



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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

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CERTIFICATE O	F DEATH	T	Reg. Dist. No. 30

1. PLACE OF DEATH: County Saltingue 315 Ingleside Ave.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town				State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
	Catons Convelesant Home			Street No. 920 Newington Ave. (If rorel, give LOCATION)		
			*******	2.(a) It veteran, name war		
3. (a) FULL NAM				3. (b) Social Security Num		
Alexa	nder bo	dd				
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
M.	W	Mi	arried	20. DATE DF DEATH. Sept. 28 19 41 , at	150	
C (I) Name of hyphania	Larmita Taur	inne	Stevens			
				Sept 1 19 45 10 Sup -6	1940	
7, Birth date of 3,5,0,0 It alive, give age years			and that I last saw h	1944		
deceased (mo., day.				Immediate cause of death.	DURATION	
8. AGE: Year 79	s Months	Days 13	It less than one day	in. asternalistic cardistes when		
10. Usual occupation. 11. Industry or busine	Retire	d.	tate)	Due to		
14. Maiden name	Katheri	ne Go	ore	(Include pregnancy within 8 months of death) Major Ludings of operations.		
15. Birthplace	?					
	a Hal 7	77		Date of op.		
			O A	PHYSICIAN: Flease underline the cause tu which death should be charged statis		
17. Buria (Burial, cremation	1 E. 29th 1 n, or removal. Which?	Date there	3ALT, MD ot Oct. 1/1945 (month) (day) (year)	22 VIOLENCE. It death was due to external causes till in the following:		
LOCATION	A 0			Means of injury injured at work?		
18. Funeral director	1900 Euta		Balt. Nd.	6 DN 1		
	/30 19 45 egistrar)	2	C. Grandal	23. SIGNATURE M. D. or ot Address. 3921 Cdm and Son- Game. Date signed. 1/	/ /	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (R3)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Bayteman	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Mary med	State Maryland county Baltimore		
(If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death?	City or town Stevenson (If outside city or town limits, write RURAL and give nearest town)		
nospital, institution, or street address where death occurred:	Street No.		
	· [[(If rural, givs LOCATION)		
How long in hospital or institution?			
3. (a) FULL NAME	3. (b) Social Security Number		
Robert Harvey Eckert, J	r		
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white single			
	20. DATE OF DEATH Sept 10 1915 at 3:30 P M		
6.(b) Name of husband or wife	21. I CERTIFY that doubt occurred on the date above stated; that I attended decoased from		
7. Birth date of	Sept 10 18 45 10 Sept 10 18 45		
7. Birth dato of deceased (mo., day, yr.) march 18, 1943	and that I last saw halivo on		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
2 5 23			
A	· Browning 2hrs		
9. Birthplace (Yown, county, and state)	Duo to		
10. Usual occupation	Due to.		
11. Industry or business			
12. Name Robert H. Eclent. Su.	Other conditions		
13. Birthplaco may land			
14. Maiden namo Catherine m. atkursen 15. Birthplace mayland	(Include pregnancy within 3 months of death)		
Par d	Major findings af operations.		
E 15. Birthplace may land	- Dato of op.		
18. informant Pobut H. Echert. Sv.	Antopsy results.		
Address Stevenson, mel	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial (Bnrial, eremation, or removal, Which?) Oale thereof. 13 19 4 5 (month) (day) (year)	Accident, suicido, or homicide		
Cemetery or cremetory Porslau	Where did injury occur? Stevenson Calli- Ind		
Bit Bon	(City or town) (Connty) (State)		
Location 13 allo 60. mel	Injured at homo, farm, Industry, public place (where?)		
18. Funeral director Chenowell + Donovau	Means of injury Drawned. tojured at work?		
Addross 3615-17 Chestrut Que.	23 SIGNATURE & D. Carles , M. D.		
9-11- 1- 85%:10	23. SIGNATURE A. D. Gaples 1 M. D. or other		
(Date ree'd by registrar)			

BURGET TARE SEP 12 1940 BUREAU

PLEASE

VS A15

BINDING

MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

FRTIFICATE OF DEAT

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1. PLACE OF DEATH: County Baltimore (If cuttode dety or town innits, write RURAL and give nearest town) Row long in above life of death? S Days North Royal, innitiation, or sirest address where death occurred: Wytes Adme. Face Fort Howard, Maryland Now long in hospital or institution? 3. (a) FULL NAME JAMES L. EDENFIELD 4. Set JAMES L. EDENFIELD 5. Color or race Whate Adme. So. Color or race Whate Comments of the data shore states that tellested decreased from September 24, 19. 45 si 1218 A 21. ICENTIFY that death occurred on the data shore states that tellested decreased from September 24, 19. 45 si 1218 A 21. Comments of the data shore states that tellested decreased from September 24, 19. 45 si 1218 A 21. Comments of the data shore states that tellested decreased from September 24, 19. 45 si 1218 A 21. Comments of the data shore states that tellested decreased from September 24, 19. 45 si 1218 A 21. Comments of the data shore states that tellested decreased from September 24, 19. 45 si 1218 A 21. Comments of the data shore states that tellested decreased from September 24, 19. 45 si 1218 A 21. Comments of the data shore states that tellested decreased from September 24, 19. 45 si 1218 A 21. Comments of the data shore states that tell and tellested decreased from September 24, 19. 45 si 1218 A 21. Comments of the data shore states that tell and tellested decreased from September 24, 19. 45 si 1218 A 21. Comments of the data shore states that tell and tellested decreased from September 24, 19. 45 si 1218 A 21. Comments of the data shore states that tell tell tells and tellested decreased from September 24, 19. 45 si 1218 A 21. Comments of the data shore states that tell tells and tellested decreased from September 24, 19. 45 si 1218 A 22. Signature MEDICAL CERTIFICATION The service of the data shore states that tellested decreased from September 24, 19. 45 si 1218 A 22. Signature Condition of the service of the data shore states that tellested decreased from September	CERTIFICAT	E OF DEATH Reg. Dist. No	
State Maryland (If control only or form of the Administration of	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
City or town. Cit controls give a result of the control below. The control of th	County Baltimore		
Rev long is above picke of death? S. Days City or town If outside city or town limits, write RURAL and give nearest town) Street Ro. 3555 Piedmont Avanue JAMES L. EDENFIELD 4. Set JAMES L. EDENFIELD 4. Set JAMES L. EDENFIELD 5. Color of race White S. Color of race White S. Color of race White S. Color of race S. Color of race White S. Color of race S. Color of race S. Color of race September 24, 19. 45 at 128 A. 21. I CENTEY that death occurred on the date above stated: that I eltended decessed from September 21, 10. 45 to September 23 at 45 and that I lact such A. Im. alive on decessed (mm. day, yr.) 4-25-85 S. AGE: Tears Routh S. Stribpiece Maryland Town, county, and state) S. Stribpiece Maryland Town, county, and state) S. Stribpiece The Market name. S. Stribpiece The Market name. The Market name. The Market name. The Market name. The Maryland The Market name. The Maryland The Market name. The Maryland The Market name. The Market name to decessed teach name of the pregnancy within 3 months of death) Major faulings of operations. The Maryland	City or town		***************************************
Sirest 160. Same of popular of institution? 3. (a) FULL NAME 3. (b) Social Security Number JAMES L. EDENFIELD 3. (c) Single, married, wedowed, or diverged Male 8. (c) Hame of popular or institution? 8. (d) Hame of popular or institution? 8. (d) Hame of popular or institution? 8. (e) Hame of popular or institution? 8. (f) Hame of popular or institution? 9. (f) Hame of popular or institution. 9. (f) Hame of the popular or in		City or town Baltimore	
Row long in hospital or institution? 3. (a) FULL NAME JAMES L. EDENFIELD 4. Set S. Color or race Male White S. Color or race Male Midewal S. Color or race Male Male Midewal S. Color or race Male Midewal Male Midewal Midewal S. Color or race Male Midewal Midewal S. Color or race Male Midewal Min	Hospital, Institution, or street address where death occurred:	(and a second s	
Bow tong in hospital or institution? 3 Days 3. (a) FULL NAME JAMES L. EDENFIELD 3. (b) Social Security Number JAMES L. EDENFIELD 3. (b) Social Security Number JAMES L. EDENFIELD 3. (c) Social Security Number JAMES L. EDENFIELD 3. (b) Social Security Number JAMES L. EDENFIELD 3. (b) Social Security Number JAMES L. EDENFIELD 3. (c) Social Security Number JAMES L. EDENFIELD 3. (d) First Social Security Number JAMES L. EDENFIELD 3. (d) If reteran, name war MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION September 24, 19-45, al 1:18. Al 1:11. Edentification of the date above stated: that I deleded deceased from September 21, 19-45, lo September 23 js. 45. and that I last saw h. im. alive on September 21, 19-45, lo September 23 js. 45. and that I last saw h. im. alive on September 21, 19-45, lo September 23 js. 45. and that I last saw h. im. alive on September 21, 19-45, lo September 23 js. 45. and that I last saw h. im. alive on September 21, 19-45, lo September 23 js. 45. and that I last saw h. im. alive on September 21, 19-45, lo September 23 js. 45. and that I last saw h. im. alive on September 21, 19-45, lo September 23 js. 45. and that I last saw h. im. alive on September 21, 19-45, lo September 23 js. 45. and that I last saw h. im. alive on September 21, 19-45, lo September 23 js. 45. and that I last saw h. im. alive on September 21, 19-45, lo September 24, lo Septem	Vets. Adm. Fac. Fort Howard, Maryland		
3. (a) FULL NAME JAMES L. EDENFIELD 3. (b) Social Security Number 15. Solver or race Male White S. (a) Single, married, widowed, or discreted Widowed S. (b) Name of fighty fight Widowed S. (c) It alive, give age S. (c) It alive, give age S. (c) It alive, give age S. AGE: S. AGE: S. AGE: S. AGE: S. Birthplace Maryland The industry or business Railroad S. Sirthplace S. Sirt		2 (a) If veteran name war	✓
JAMES L. EDENFIELD 4. Set Nale S. Color or race Whate Wideward S. (3) Single, married, widowed, or diwreced Wideward S. (6) Name of popular field with the second of the date above stated; that telteaded deceased from September 24, 19. 45 at 1818 A. 21. I CERTIFY that death accurred on the date above stated; that telteaded deceased from September 21, 19. 45 at 1818 A. 22. I CERTIFY that death accurred on the date above stated; that telteaded deceased from September 21, 19. 45 at 1818 A. 23. AGE: Vears Months Barys S. AGE: Vears Months Barys S. AGE: Work and state) B. Birthpiece Meryland Due to. Due to. Due to. Due to. Due to. Due to. Distributes The marked and the cause of death. Due to. Due to. Due to. Distributes The marked with a month of death) Major findings of operations Major findings of operations Date thereof form Antopry results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Where did inlary occur? City or town) Committed at work? Where did inlary occur? City or town) Injured at home, farm, industry, public place (where?) Means of inlary Injured at home, farm, industry, public place (where?) Means of inlary Injured at work?			37 1
Male Solid or or race Male Solid professor Sol			
Male White Widowed Single Sc.(6) Name of Spoked St. September 24, 19.45 at 1818. A September 24, 19.45 at 1818. A September 25, 19.45 at 1818. A September 21, 19.45 at 1818. A September 23, 19.45 at 1818. A September 21, 19.45 at 1818. A September 23, 19.45 at 1818. A September 21, 19.45 at 1818. A September 23, 19.45 at 1818. A September 21, 19.45 at 1818. A September 23, 19.45 at 1818. A September 21, 19.45 at 1818. A September	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced		
September 21, 19.45 to September 23, 45. Thirth date of deceased (mo., day, yr.) 4-25-83 S. AGE: Years Months: Days If less than one day Particular County, and state) S. Birthplace Maryland (Town, county, and state) Due to	Male White Widowsd Single		at 1:18.A
September 21, 19.45, 10. September 23, 19.45 S. AGE: Years Months Days If less than one day S. Birthplece. Maryland (Town, county, and state) 10. Usual occupation. Retired 11. industry or business Retired 12. Name. James Harrison 13. Sirthplece 14. Malibn name. S. Kirwan 15. Sirthplace 16. Informat. Clinical records, Vets. Adm. Facility Address Fort Howard, Maryland 17. Cemeiary or crematory	annual IIIII Williams	21. I CERTIFY that death occurred on the date above stated; that t ettended dece	ased from
7. Birth date of decessed (mo., day, yr.) 4-25-83 8. AGE: Years Months Days It less than one day Pneumonia lobular Spays 9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Retired 11. industry or business Railroad - B + O. 12. Name James Harrison Dan James Harrison Maryland 14. Maiden name C: Kirwan 15. Birthplace Maryland 16. Informant Clinical records, Vets Adme Facility Address Fort Howard, Maryland 17. Demeiry or cremation, or recognity While!? Date thereof Gentle, Location Address Fort Howard (County) (State) Injured al home, farm, industry, public place (where?) Mains of injury injured at work?		September 21. 19.45 10 September	r 23 19 45
Immediate cause of death DURATION	7. Birth date of		
8. AGE: Years Months Days If less than one day 9. Sirihpiece Maryland (Town, county, and state) 10. Usual occupation Retired 11. industry or business Railroad Brook 12. Name James Harrison Days 13. Birihpiace This indicates It is indicated by the conditions Bronchitis, chr. 25 Yrs. 14. Maidon name E: Kirwan 15. Birihpiace This indicates of operations Date thereof Date of Date o		A RECORD OF THE A SECURITY OF THE PARTY OF T	
5. Sirihpisce	8. AGE: Years Months Days If less than one day		
10. Usual occupation. Retired 11. Industry or business Railroad - D + O. 12. Name	62 4 28hrsmin.		The state of the s
10. Usual occupation. Retired 11. industry or business Railroad - 13 + 0. 12. Name. James Harrison 13. Birisplace 14. Malden name. 6: Kirwan 15. Birisplace 16. Informant Clinical records, Vetsa Adm. Facility Address Fort Howard, Maryland 17. (Burial, cremation, or removed Which?) Cemetery or crematory Cemetery or crematory Location 18. Funeral director Major findings of operations. Date thereof (Include pregnancy within 8 months of death) Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at home, farm, industry, public place (where?) Massns of injury Injured at work?	9. Sirihplece	Ove to	•••••
11. Industry or business Railroad - B - C. 12. Name			***************************************
13. Birthplace 14. Majden name 8. Kirwan (Include pregnancy within 3 months of death)	11. industry or business Railroad - 43 x-0.	Due 10	*
13. Birthplace 14. Maiden name 15. Kirwan 15. Birthplace 16. Informant Clinical records, Vets. Adm. Facility Address Adm. Facility Address Adm. Facility Address Adm. Facility Address Date thereof County Cemetery or crematory Cemetery or crematory Cemetery or crematory County Co	12. Name James Harrison & denfuld	Other conditions Bronchitis, ehr.	25 Yrs.
14. Major name &: Kirwan 15. Birthplace 16. Informant Clinical records, Vets. Adm. Facility Address Fort Howard, Maryland 17. (Burial, cremation, or remove) Which?) Cemetery or crematory Location 18. Funeral director. Address Address Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Major findings of operations.	₹ 13. Birthplace ? md.	The state of the s	
16. Informant Clinical records, Vets. Adm. Facility Address Fort Howard, Maryland 17. (Burlal, cremation, or removed Which?) Cemetery or crematory Location 18. Funeral director Address Major findings of operations. Major findings of operations. Major findings of operations. Bale of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Major findings of operations.	# Jda 8 Kirwan	(Include pregnancy within 3 months of death)	AC.
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Means of Injury Address Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Colleged to the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Means of Injury Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Means of Injury Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		Major findings of operations	
Address Fort Howard, Maryland PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide			************************
Address Address Por a law of the following: 17. (Burial, cremation, or removed, Which?) Cemeiery or crematory Location 18. Funeral director Address	16. Informant Clinical records, Vets. Adm. Facility	Autopsy results	
22. VIOLENCE: If dealh was due to external causes, fill in the following: (Burial, cremation, or removal Which?) Cemeiery or crematory Location 18. Funeral director Address Address Accident, suicide, or homicide. (City or town) (County) (State) Injured al home, farm, industry, public place (where?) Means of Injury Address	Address Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
(Burial, cremation, or removal Which?) Cemeiery or crematory Location Location 18. Funeral director Address So S	10.11-0 0-27-45	22. VIOLENCE: If death was due to external causes, fill in the following:	
Location Soldhesson Injured at home, farm, industry, public place (where?) 18. Funeral director Injury to	(Burlal, cremation, or removal, Which?) Date thereof (Month) (May) (year)	Accident, suicide, or homicide	
Location Soldhesson Injured at home, farm, industry, public place (where?) 18. Funeral director Injury to	General or crematory Audore Fack	Where did injury occur?	(State)
18. Funeral director. Standard & Huck Moons of Injury trijured at work? Address 5355 Warrford Rd. Quite Office of the Standard of the Standar	Ashar.		
Address 5355 Harford Rd. Question of the State of the Sta	Location		
	18. Funeral director of Concession of Truck	meens of injury	0.04
	Address 5305 Harford Rd.	23. SIGNATURE amosalle	31
19. (Date rec'd by registrar)	19. 9-25 19th J Ake Hall	A.M. BALTER, LT.COL., M.C.M. CI	CINEDIR.

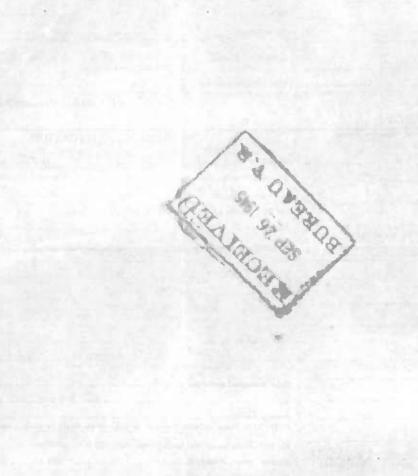
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9401)



CERTII	FICA	TE O	FD	FA	TI

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbore infants give residence of mother)		
county Balto.						
City or town Pikesville (If outside city or town limits, write RURAL and give nearest town)				State Md. county Balto.		
How long in above place of death? 25 yrs			and give nearest towny	City or town Pikesville (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	r street eddress where	death occurred	d:	Street Ho. Upland & Cliv		
495000000000000000000000000000000000000			00000	(If rural, giv	e LOCATION)	•••••
How long in hospital o	r Institution?	••••••		2.(a) If veteran, name war None		
3. (a) FULL NAM	E				3. (b) Social Security	Number
	El	la M.I	Eichorn		None	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	100
Female	White	Wi	dowed		.1.	,, 05
				20. DATE OF DEATH Se Sesue		
6.(b) Hame of husband	or wife Lavir	ence A	A.Eichorn	21. I CERTIFY that death occurred on the date et	ove stated; that I attended decer	ased from
7. Birth date of	***************************************	6.(c) If alive, give ageyears	19		111
7. Birth date of deceased (mo., day,	yr.) June	22,18	73	and that I last saw h 2 a	Ø	19
8. AGE: Years		Days	If less than one day	Immediate cause of death		DURATION
72	2	28		Aulina Pe	clous	Idan
9. BirthplaceIn	diana			Due to	4	
	(Lown	, county, and	state)	Coronara	derses	19.
1D. Usual occupation	Housew1	ie		Rue to Roy. Acles	inis	zon.
11. Industry or busines	S					
至 12. Name	manuel I	abylo	7	Dither conditions	0	
12. Name	Md.			Newson la		540
	Caroline	Powe	11	(Include programmy within 8	mooths of death)	
10				Major findings of operations		V
	Md.				Date of op	
16. Informant			ns	Autopsy results		
Address Pi	kesville	Md.		PHYSICIAN: Please underline the cause to w		statistically.
o Ruria	1	Date ther	Sept. 22.1945	22. VIOLENCE: If death was due to external ca		
17. Burial Date thereof Sept. 22, 1945. (Burial, cremation, or removal. Which?)				Accident, suicide, or homicide		
Cemetery or crematory Meadow Branch				Where did injury occur?(City or town)	(Couety)	(State)
Location	arroll (20.		Injured at home, farm, Industry, public place (v	where?)	
19. Funeral director	19. Funeral director			Means of Injury	Injured at work?	
	sterstov		-6-	0	Dai Il	1
9 2	3 /	-	0.58 Mint	23. SIGHATURE	M. D.	or other
19. (Date rec'd by re	2 - 19 4-2		Tr 66/Menre	Address Pilepull	-8 Med Date signed	0/-/
(Date let u by re	Ribergri		mu Registrat	Address	Date Signed	frage to contract frage to



UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

. ~

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

MARGINARESERVED FOR BINDING

VS A15

The correct age

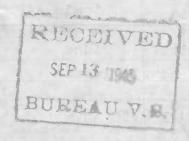
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Hol

CERTIFICATE OF DEATH

08776 Reg. Diat. No.

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Dundalk				State Md.	Со	niy Bulto	
City or town. (If outside city or town limits, write RURAL and give nearest town)							
How long in above place of death?		City or town(If	outside city or town limit	s, write RURAL and give neare	st town)		
Hospitat, Institution, or	street address when	e death occurre	d:	Street No. 11	7 Williams	AVe.	***************************************
	*********************	• • • • • • • • • • • • • • • • • • • •	***************************************		(If rural, give	LOCATION)	
			***************************************	2.(a) If veteran, name	e war	•••••••••••••	***************************************
3.(a) FULL NAME Minnie Eierman						3. (b) Social Security None	umber
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced		MEDICAL C	ERTIFICATION	
Female	White	Wi	.dow	20. CATE OF CEATH		r 7th 19 45	43°P
6.(b) Name of husband	or wife. Hen	ry Eie	rman	24 TOPPTIEV ALLEGA	eath accounted on the date abo	are atalogs that I attended descent	nd from
		6.(c) If alive, give ageyears		19.	43 to Aug 7	19
7. Birth date of deceased (mo., day, yr	o July	20th.1	869	and that I last saw h.	alive on		19. X.Y.
8. AGE: Years	Months	Days	It less than one day	Immediate cause of	death	11 1/2 // /	DURATION
76	1	17	hrs. min.	- CAN	census gr	u maaw	140
9. Birthplace	Germ	any	stata)	Oue to			***************************************
			18				*****************
10. Usual occupation				Duo to	***************************************		***************************************
11. tndustry or business		1					
里 12. Name	Gr			Other conditions			
₹ 13. Birthplace	G	ermanj		***************************************		months of death)	
Maides sens	_						
14. Malden name 15. Birthplace	G	ermanj		Major findings of op	perations	***************************************	
				101.00000000000000000000000000000000000		Date of op	
16. Intermant MT	s.Minni	e Gess	ner				
Address 117	Willia	ms Ave	•	PHYSICIAN: Please	underline the cause to wi	hich death should be charged sta	atistically.
, Buria	7		Sent 10/45	22. VIOLENCE: If d	leath was due to external cau	uses, fill in the following;	
17. BUILE (Burial, eremation,	or removal. Which	Date the	eet Sept.10/45 (month) (day) (year)	Accident, suicide, or	homicide	Oate of	
Cemetery or cremator	Cheste	rtown	Cem.	Where did injury occu	ur?	(County)	
cemetery or cremator			own Md.	11			
Location			THE BICK		n, industry, public place (w	here?)	
18. Funeral director	Philux	SHU	wis sons	Means of Injury	1	Injured at work?	
Address	2024/Or	leans	sty.		Mark	Y. auderes	M. D.
19. 9/9/4	11- 19 4	m	Carme	23. SIGNATURE	slus ld	M. D. or	other ////
(Date rec'd by reg	ristrar)	-	Registrar	Address.		Date signed	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Baltimore, City or town Anneslie, (If outside city or town limits, write RURAL and give nearest town) 515 Dunkirk Road, (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Mary Ella Emerick,	a. (c) becaute centry number
4. Sex Female White Widow White Widow	MEDICAL CERTIFICATION September 13, 145 4. A
B.(b) Name of husband or wife David L. Emerick B.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) August 27, 1861	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 - 19 45 to Sept. and that I last saw h. e. alive on Sept. 1945
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
84 0 16	(Cardina & Panta) 10ds
Baltimore City, (Town, county, and state) Housewife 10. Usual occupation	Due to Saily 1049s.
12. Name John Lindenman, 13. Birthplace Germany,	Other conditions Probable Carewa of }
Hary Louisa Gillingham, Saltimore City,	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant David L. Emerick, Address 515 Bunkirk Road,	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Bate thereof 9/15/45 (Burial, cremation, or removal, Which) Cemetery or crematory Baltimore City Location Burial Bate thereof 9/15/45 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
18. Funeral director & Kernon Zeneman. Address 4611 Park Heights Balto. Md. 19. Grand Street Stree	Means of Injury Injured at work? Injured at work? Injured at work? M. D. or other Address. Address. Date signed 9-13-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92)



CERTIFICATE OF DEATH

Reg. Dist. No.
ME) OF DECEASED:
dence of mother)
County Dallo
L Scor mann
wn limits, write RURAL and give neftrest town

3. (b) Social Security Number

(If rural, give LOCATION)

2. USUAL RESIDENCE (HON

(If outside city or to

2.(a) If veteran, name war.

3. (a) FULL NAME

4. Sex

1. PLACE OF DEATH

How long in above place of death?.....

How long in hospital or institution?..

Haspital, Institution, or street address where death occurred:

(If outside city or town limits, write RURAL and give nearest town)

6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months It less than one day

9. Birthplace.....

1D. Usual occupation 11. Industry or business

12. Name.... 13. Birthplace 14. Malden name

14. Malden na 15. Birthplace

(Burial, cremation, or removal, Which?)

Location .

16. Funeral director Address

Registrar

MEDICAL CERTIFICATION

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

Where did injury occur?

injured at home, farm, industry, public place (where?) Means of injury Injured at work?

23. SIGNATURE Address..... Date signed.

(State)

PLEASE WRITE VS A15

(D)

wi

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /92

CERTIFICATE OF DEATH

	1	Jan 1	8	7	7	-
-	,		0		-6	9

Reg. Dist. No......

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown Development 22 mg	State Dud. County Balls
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Arekman Saw Book	Street No. 2.5. (If rural, give LOCATION)
How long in hospital or institution? The about and	2.(a) If veteran, name war
3.(u) FULL NAME	3. (b) Social Security Number
Sonnia Wizaheth Enk	e
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tem thile bingle.	20, DATE DE DEATH LEAST 9 154 5 at 1 8 M
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wile	19
7. Birth date of	and that I last saw hallye on
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Grock shock
4.5 5 8hrsmln.	1: 0 2 0 2 -
Washington DO.	Bue to that by branking
8. Birthplace (Town, county, and state)	
10. Usual occupation.	
11, Industry or business	Due to
12. Name Lift, armill inte.	Dither conditions
13. Birthplace	
BI X See See See See See See See See See S	(Include pregnancy within 8 months of death)
14. Maiden name 10	Major findings of operations
2 15. Birthplace S. Dakota:	Date of op
16. Informant Doft arnal Oute	Autopsy results
Address 2514 M. Montwell Rs Duy	PHYSICIAN: Flesse underline the cause to which death should be charged statistically.
Buil 9/17/40	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (bonth) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Marleant Parks.	Where did Injury occur? (City or town) (Connty) (State)
Location Balto, Co-	Injured at home, farm andestry, public place (where?)
	Means of Injury Scaltning Injured at work? 300
1B. Funeral director	86 1 -
Address Esselo, Ond -	Mossmene mo
9/15 Will Amloure	23. SIGNATURE M. Door other
19. (Date rec's by registrar) Registrar	Address Date signed O. / A.

2411 N. Charles St., Baltimore 934

CERTIFICATE OF DEATH

08780

Reg. Dist. No.

1. PLACE OF DEATH: 11 more - 19.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State County County
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No.
graysoae o-ame.	(if rural, give LOCATION)
How long in hospital or Institution	2.(a) If veteran, name war
3.(a) FULL NAME albert Mc Land	Evans. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married.	20. DATE OF DEATH Sept. 18 19.45 at 4.45
6.(b) Name of husband or wife Margaret Virginia	21. I CERTIFY that death occurred on the date above staled; that I attended deceased from
	Jul 1947 to Sept 18 1945
7. Birth date of	and that t last saw h in alive on Seft. U8 1945
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronary Occlusion. 19 km
6/ 1/ 29hrsm	
Balto. Co. ned.	- Wester Fusiol Cardio
9. Birthplace (Town, county, and state)	Due to Discourant lessage Zum.
10. Usual occupation. Electrician	
	Due to
11. Industry or business	
E 12. Name.	Other conditions
	(include pregnancy within 8 months of death)
14. Maiden name Coursa .	
LOW 15 Rirthplace	Major findings of operations.
MARADION I PAGNA.	Date of op.
• /4- /	Antopsy results
Address Vas un # 1.	
17 Times Date thereof Sept 22-45	22. VYOLENCE: tf death was due to external causes, fill in the following:
(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 2 autou auto	Where did Injury occur?
location Balto Tuel	Injured at home form industry nublic place (where?)
Lessand Temeson 3	Means of injury injured at work?
18. Funeral director.	
Address 3911 Silverty I Leights live	- Sours n. Mollin M. N.
9-m 45 (Welledon	23. SIGNATURE
19. (Date ree'd by registrar) Registr	rar Address Sparrows V+ Ma Date stand 18 1045

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING LYK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

112012

			CERTIFICAT	TE OF DEATH	Reg. Diat. No	
How long in above place Hospital, Institution, o Sprin	Baltim	imits, write Ri l days death occurred: ate Hos	URAL and give nearest town)	Street No. 1409 Ligh	County	
3. (a) FULL NAM	IE		±Evelius ፟፟ቜ		3. (b) Social Security 213-01	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL (CERTIFICATION	1708
Male	White		Single	20. DATE DF DEATH Sept embe		.7:30 a .
7. Birth date of	Ma) if alive, give ageyears	21. I CERTIFY that death occurred on the date a	above stated; that I affended dec	eased from er 12 ₁₉ 45
deceased (mo., day,	3	Days	If less than one day	Immediate cause of death		DURATION
8. AGE: 16a		16	hrs min,	Pulmonary oeder	ma	l day
9. Birthplace	Vinel (Town, Glass	and, N.	J.	Due to. Chronic myocard		Indef.
11. Industry or busine	9.2	works	.3.4			
12. Name		rick Ev	ellus	Other conditions Tabo-paresi	S	***
14. Maiden name	Swede Augus Swede	ta Nyho	lm	(Include pregnancy within		
	Hospi	tal rec	ords	Autopsy results. None		
Address 17	Caton		Balto28, Md. of Sept 15-45 (honth) (day) (year)	PHYSICIAN: Please nnderline the cause to 22. VIOLENCE: If death was due to external of the cause to external of the caus	which death should be charged causes, fill in the following;	d statistically.
Location	Balto Berna 21 L. U	. Md d c.	Hasle	Injured af home, farm, industry, public place Means of injury		4 0
19, (Date rec'd by re	r¥ 19 X J	- 42	W Klebend Registrar	23. Signature Robert E. Gar Address Balto -28, Md	dner, M.D. M.D	or other

19. (Date rec'd by registrar)

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cornect is especially important. Physicians: please write the causes of death clear, why

MARGIN RESERVED FOR BINDING

VS A15

CERTIFICATE OF DEATH

Reg. Dist. No.

County	Baltimo	- 177-	RURAL and give nearest town) 1 mos.,15 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County. City or town. Baltimore	
How long in above place Hospital, Institution, or Spring	street address where of Grove Sta	death occurre	d: spital	City or town	rest town)
	Institution? 16 yr	rs., l	l mos., 15 days	(If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL NAMI	BARTHO Bantho		Fahey	3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		Married	20. DATE OF DEATH September 10 19 45	,at. 7:35 a
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	0	6.(ahey??years 22, 1875	21. I CERTIFY that death occurred on the date above stated; that I attended decea September 26 19.28 to Septemb and that I last saw h. im. alive on September 10.	sed from er 10 ₁₉ 45
8. AGE: Years	Months	Days	if less than one day	Bilateral confluent bronchial	
69	9 11	19	hrsmin.	pneumonia	7 das.
9. Birthplace	Baker	county, and	state)	Due to Aneurysmal dilatation of the aorta Due to Generalized arteriosclerosis Extensive cortical defect	Indef.
11. Industry or busines:	Monle 1	Fahey		Other conditions left temporal lobe (base) Origin undetermined. (Include pregnancy within 3 months of death)	
14. Maiden name	Mary Maryla		1	(Include pregnancy within 3 months of death) Major findings of operations	
1B. Informant			cords -28, Balto., Md.	Antopsy results	**********************
17. Sur (Burial, cremation	, or removal, Whiefi?)	Date the	(Month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremato	allutio	ر م	Mener Myd	Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?)	
18. Funeral director	4 hand	56 8	Sein	Means of injury injured at work?	T24.10
01	gistrar) 19.45°		1. U. Dledjeta	23. SIGNATURE ROBERT E. Gardner, M.D.M.D. Catonsville-28, Md. Date signed.	or other 9/10/45

Supply every item of information carefully. The correct age please write the causes of death clearly and legibly.

UNFADING INK.

PLEASE WRITE PLAINLY, WITH UNF is especially important. VS A15

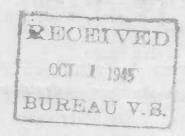
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Mary land County	
City or town	D 344	
How long in above place of death? 10 yrs., 6 mos., 8 days Rospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 10 yrs., 6 mos., 8 days	City or town (If outside city or town limits, write RURAL and give new Athol Avenue, Irving (If rural, give LOCATION) 2.(a) If veteran, name war.	areat town)
3.(a) FULL NAME Louisa Faber (FAR BER)	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH September 26 19.45	at 6:08 p _M
6.(b) Name of husband or wife. Henry Faber	21. I CERTIFY that death occurred on the date above stated; that I attended dece March 18 to September	
7. Birth date of	and that I last saw h. er alive on September 26	1945
deceased (mo., day, yr.) 1850? (prid 23, /85) 8 AGE: Years Months Days If less than one day	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Terminal right lower lobe pneumonia	94 hms
9. Birthplace Baltimore, Maryland	Due to Scirrhous carcinoma of the	**********************
(Town, county, and state)	left breast	Indef.
1D. Usual occupation.	Due to.	
11. industry or business None	Due to	***************************************
	Dither conditions	* *************************************
12. Name ? Christian supp		
	(Include pregnancy within 3 months of death)	
14. Maiden name ? Elizabeth Crist 15. Birthplace Germany	Major findings of operations	
	Date of op	
16. informant Hospital records	Autopsy results	
Address Catonsville, Balto28, Md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
17. Busical Date thereof 9-30-45 (mouth) (day) (year)	VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory bostess	Where did injury occur?	
Location & Conguous Sts	Injured at home, farm, industry, public place (where?)	
t8. Funeral director Harry H Withte	Means of injury Injured at work?	(.
Address 4. 01 Edmonden Or	ales 16. Hardree	Ju. 10
19. (Date rec'd by registrat)	23. SISMATURE TODERT E. Gardner, M.D. M.D.	or other

Rouly dotal Book CAddress.



MARYLAND STATE DEPARTMENT OF HEALTH

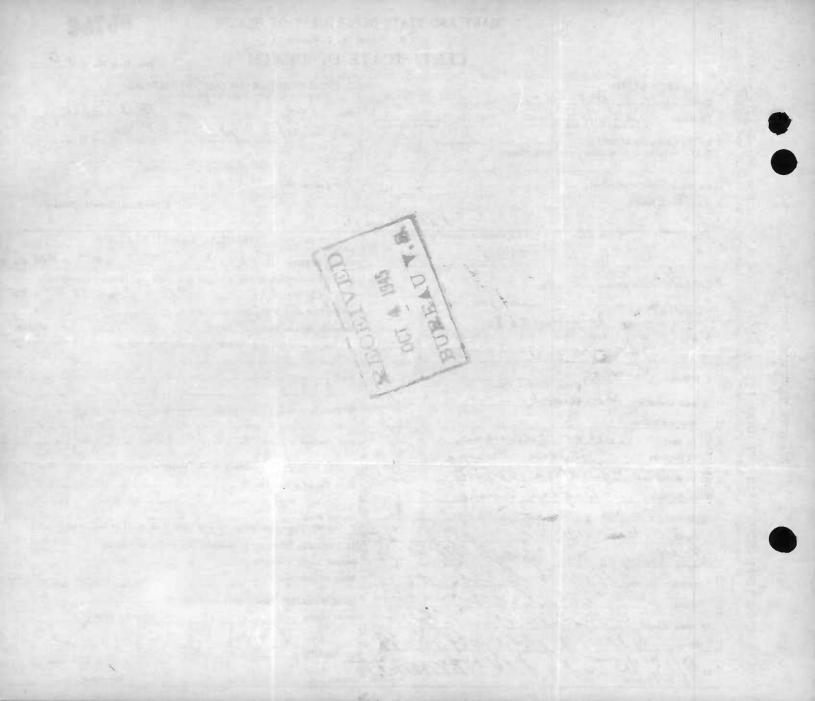
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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200					4	1
		-	D		4	U
	8	Keg.	Dist.	No.		

City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred:	Siate County Bulleville County County or town. Mattel Cliff West Town Town (If outside city/or town limits, write RURAL and give nearest town)
How long in hospital or institution?	Street No
3. (a) FULL NAME Sister Mary Cleta Feldman	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH Sept. 18 19 45 21 900 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.5
8. AGE: Years Months Days If less than one day 76 3 7 min.	Immediate cause of death DURATION 2 days
9. Birthplace Europe (Town, county, and state) 10. Usual occupation It outlies the	Due to.
11. Industry or business 12. Name	Other conditions. And Administration of American State of
16. Informant Sx Wary Clara Address) Notels Eleff Wed	Autopsy results
(Borial, cremation, or removel. Which2) Cemetery or crematory. Date thereof (month) (day) (year)	Z2. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide
Location 18. Funeral director Address Address Address Address	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore

CERTIFICATE OF DEATH

	11	8785
Reg.	Dist.	No.

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1. PLACE OF DEATH: 12 07	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Salto Co	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County
	City or town Rossella
How long in above place of death?	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireei No. 8217 Thila Cord
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Many & Fresh	3. (b) Social Security Number
4. See 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White manied	20. DATE OF DEATH SEAST 26 19 45 212 A M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Latteoded deceased from
	July 19.45, to Agot 26 19.43.
7. Birth dale of 0 0 1 2 4 9	and that I last saw h At alive on August 2 6 / 4 5 19
8. AGE: Years Months Days If less than one day	Immediate cause of death a DURATION
8. AGE: Years Months Days If less than one day	General agriphing Sudden
19.00	Colerate Clude
9. Birthplace (Town, county, and state)	Due local Marian
7 1	January January
10. Usual occupation.	Due to.
1t. Industry or business	
12 Name Courad Eckes	Other conditions
12. Name. Courad EcRes 13. Birthplace	
	(Incinde pregnancy within 3 months of death)
14. Malden name Mary & Herman 15. Birthplace 21. Malden name Mary & Ma	Major findings of operations.
15. Birthplace	Dale of op.
m lu ot 1 ho	
16. Informant	Antopsy results
Address 82/1 Sula Wood	
17 Bund Bate thereof Sent 29/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof, (day) (year)	Accident, suiside, or homicide
Cemetery or crematery Tarks	Where did injury occur?
40000	
Localina Dalla	Injured at home, farm, Industry, public place (where?)
18. Fuoeral director Allendary Francis	Means of Injury Injured at work?
14.2110	hul
Address 2008 Orleans 50	23. SIGNATURE
9-28 41 GINEROL	M. D. or other
(Date rec'd by registrar) Registrar	Address Sullo 6 Mul Bale signed 9/26/45

2411 N. Charles St., Baltimore 910

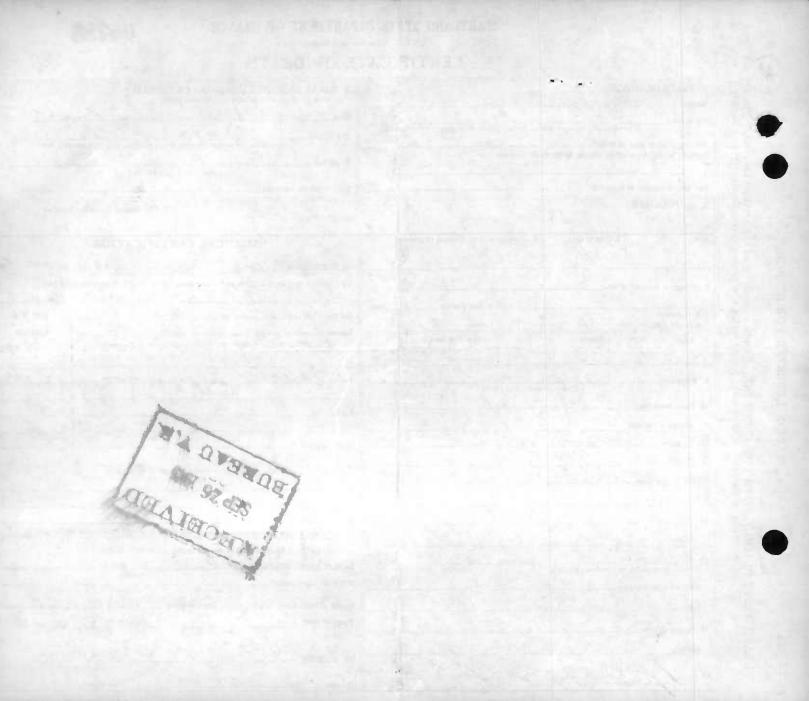
08786

CERTIFI	CATE	OF	DEATH

1. PLACE OF DEATH County 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants simpresiding of mother)
City or town. (If outside city or town limits, write RUKAL and give nearest town)	State County Callaces
How long in above place of death?	City or town
Vana The Cere	Street No. (If raral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Clara U =	Flahery 3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed; or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH SIGN 19 45 at 8:0 A. M
6.(b) Name of husband or wife Les M. Flaherty	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of Charles (6. (c) If alive, give age years	and that I last saw h 2 Lative on Apt - 15 - 19.45.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
46 5 12nrsmin.	Summing Summer 5. Frey
9. Birthplace (Town, county, and state)	Due to follows Tropistimin 18.70
10. Usual occupation Described to the state of the state	Due to.
11. Industry or business	
12. Name	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name felher fask f	Major findings of operations.
16. Informant Lep 21 Flahesty	Autopsy results. Date of op.
Address Jan Dise and Catous	PHYSICIAN: Plesse underline the came to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?) Date thereof 9-19-45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory talks & al	Where did injury occur? (City or town) (County) (State)
Location Daltaman & M.	injured at home, farm, industry, public place (where?)
18. Funeral director Sets Signal Control of the State of	Means of Injury Injured at work?
Address Cetous ville Ma	23. SIGNATURE D'Along Johnson
19. (Date reoft by registrar)	M. D. or other M. D. or other Date signed 9/18/45.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING



	I RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
LOW DIVIDIVIO	IS A PERMANENT	stated EXACTL	properly classified.	certificate.
MANGEL MESELVED FOR BINDING	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	very important. See instructions on back of certificate.

STATE O	F MARYLAND-	-CERTIFICATE	OF	DEATH	0.8785

1. PLACE OF DEATH	
County Ballo.	Registration Dist. No. 44
Village or City MX: Hayes	No. Old Dictory Jerm St., Ward death occurred in a horpital or institution, give in NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Anna Fleischma	m
(a) Residence: No Old Victory Farm Re (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR, RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of Gordinary Frederick Fleischmann	22. Sept 1 HEREBY CERTIFY, That I altended deceased from 1945, to
6. DATE OF BIRTH (month, day, and year) Feb. 3 7/867	I last saw hell alive on, 19; death is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, atm.
78 7 /9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Colonary frombosio
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate daceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Balton, Ind.	Other Conflictory Causes of importance: Allers - filerotu - Carolio
(State or country)	Vascular Venas.
13. NAME Wilhelm thoogs	aslace
14. BIRTHPLACE (city or town) glamany	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME NOW I'm own	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) AP Imour	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT of The Alesschmann (Ad ressy and Tectory Farm ad.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL OF Place MAT. Carmel Com. Data Sept. 26, 1945	Manner of injury
19. UNDERTAKER Ohn A. Milley. (Address) 2 3 3 4 Merson St.	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILED Sept 25 Joly John & Ennelly Registrar.	(Signed) Musingulary M. D. (Address) Melto b Mid

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy R F	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis OCT 1 1045	3 days ago
		RHPEAUS	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			2

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICA	TE OF DEATH Reg. Diat. No.			
1. PLACE OF DEATH Sattimore 519 -	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)			
City or town (1f our de city or town limits, write RURAL and give nearest town)	State County County			
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Sireet No			
3. (a) FULL NAME	3. (b) Social Security Number			
1. Sex 5. Color or racy 6. (a) Single, married, wildowed, or divorced remarked marked -	MEDICAL CERTIFICATION 20. DATE OF DEATH Splender 19 45 11 5			
6.(b) Name of hysband or wife. PLAN INCOME. 7. Birth date of deceased (mo., day, yr.) Oct H. 1909	and that I last saw h			
8. AGE: Years Months Days If less than one day 35 11 26	Metalitans from			
9. Birthplace	Due to. Due to.			
12. Name N. Bertells:	Other conditions .			
14. Maiden name lennie Thomas. 15. Birthplace W. Leberty Ry.	(Include pregnancy within 8 months of death) Major findings of operations Application regard Arlant - alleans within 8 months of death) Arlant - alleans within 8 months of death)			
16. laformant dunie de les T	Antopsy results			
(Burial, cremation, or removal. Which?) Sale theregs. (month) (day) (year)	22. V10LENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
Cemetery or crematory Nord Onio	Where did injury occur?			
ta. Funeral director	Means of injury Injured at 10 k?			
Address 1219 A But I	23. SIGNATURE Louis D. Follow. M. Ll			

Registrar

Address

VS A15

(Date rec'd by registrar)

19.

23 STGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640)

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Mospitat, institution, or street address where death occurred: How long in hospital or insiliution? 3. (a) FULL NAME July Ruliard Serm	2. USUAL RESIDENCE (HOME) OF DECEASED: (For Devision infants give residence of mother) State. Clty or lown (If outside city or town finits, write RURAL and give nearest town) Street No. (If rural, givs LOGATION) 2.(a) It veteran, name war 3. (b) Social Security Number		
8.(6) Rame of hushand or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH. 9.45 at 450 7° at 250 7°		
deceased (mo., day, yr.)	and that i last saw halive on		
8. AGE: Years Months Days If less than one day	Due to		
14. Maiden name englysian Muchael	(Include pregnancy within 3 months of death)		
14. Maiden name 111. 2 111. Lag 11. Lag 11. Selection 16. Internal 11. 12. 11. 11. 11. 11. 11. 11. 11. 11.	Major findings of operations		
Address SUH Fathus Light 12 (Burlal, cremation, or removal. Which?) Cometery or crematory (Month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident suicide, or homicide. Where did injury occur? (City or town) (County) (County)		
Location I historile Mil	Injured at home, farm, industry, public place (where?) Batta & Jail		
18. Funeral director. Address 2 / M St Tarut St	Means of Injury Injured at works Road Discourse Amazonia		
19. (Datoreod by registrar) 19. (Datoreod by registrar)	23. SIGNATURE M. D. or other Address Town M. Bate signed 918145		

MARGIN RESERVED FOR BINDING

VS A15

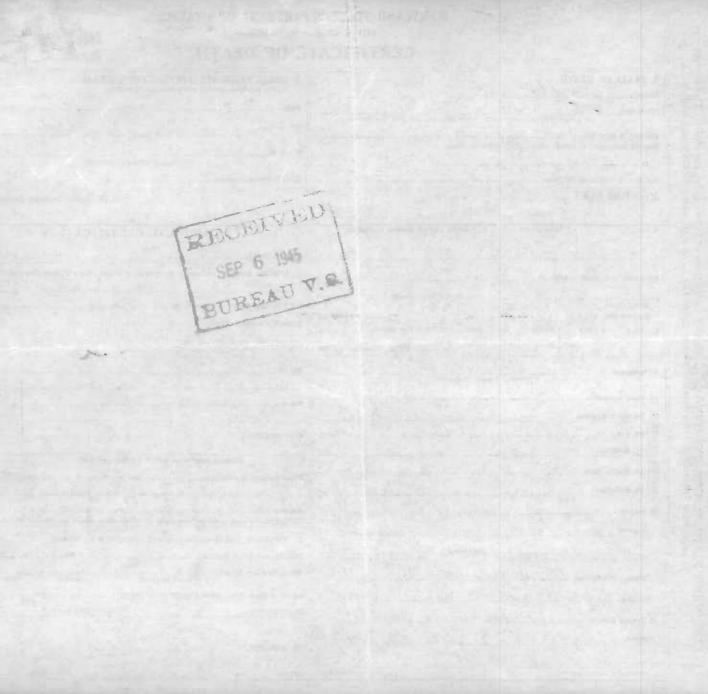
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 342

CERTIFICATE OF DEATH

U8791 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Diversions And Andrew By	State Med County Baltiman	
(If outside city or town limits, write RURAL and give nearest town)	. / 0 . / /	
How long in above place of death?	(If ortside city or town limits, write RURAL and give nearest town)	
3:5-22 Link ang	Street No	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Josephine Elijah	21 Son 3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Foundy white Morried	20. OATE OF DEATH. Soft 3 1945 at 5 43	
6, (b) Name of husband or wife O. L.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	Oct 1944, 10 Sept 3 1945	
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. R. alive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION	
48 1 19	The Rocios a 141	
9. Birthplace I man Herdenick Mad	Bue to.	
(Town, county, and state)	unknown	
10. Usual occupation	Oue to	
11. Industry or business		
12. Name	Other conditions	
2 13. Birthplace	(Include pregnancy within 8 months of death)	
14. Malden name Many M. Transce Strain Comp	Major findings of operations	
≥ 15. Birthplace	fratality of Bransation Mide 10/45	
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically,	
Address 4-922 Frikan Habitungs 27 M	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 BURIA Oate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory, MEADO W ROGE MEMORIAL	Where did injury occur? (City or town) (County) (State)	
Location WASHINGTON BLYD DORSEY	Injured at home, farm, Industry, public place (where?)	
POULAND BOUTMAN	Means of injury Injured at work?	
16. Funeral director	000 1	
Address / OK NEE OS HYE OBLO-LJ, 1910	23. SIGNATURE M. D. or other	
(Date/ee'd by registrar) (Registrar	Address Se	



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death elempy and VS A15

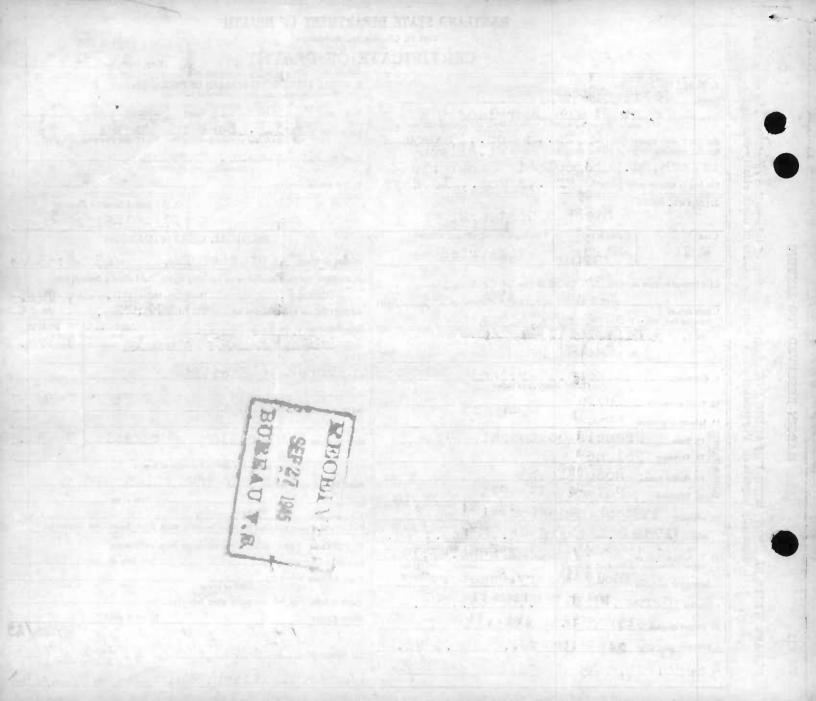
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		CERTIFICAT	Reg. Dist. No	o	
1. PLACE OF DEATH: County Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Mount Wilson, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? O. yrs. 3. mos. 13. days. Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium		Maryland alts, write RURAL and give nearest town)	State Maryland County City or town 1738 E. Lombard Street (If outside city or town limits, write RURAL and give nearest town) Street No. Baltimore, Maryland (If rural, give LOCATION)		
		losis Sanatorium			
		s.,3 mos., 13 days	2.(a) tf veteran, name war		
3.(a) FULL NAME Stephen Gostomski		n Gostomski	3. (b) Social Security Number 214-01-8132		
4. Sez	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	20. DATE OF DEATH September 24, 194		
s.(b) Name of husband or wifeFrancesGostomski			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11. and that I last saw h. er. alive oo September 24		
	y, yr.) January		Immediate cause of death		
0. 1104.	Months 39 8	Days If less then one day 20hrsmin.	Pulmonary Tuberculosis		
9. Birthptace Baltimore, Maryland (Town, county, and state)		Maryland	Due to Tubercle Bacilli		
10. Usuat occupation			Due to		
t1. Industry or business 12. Name Francis Gostomski 13. Sirthplace Poland			Other conditions Tuberculous Enteriti	Ls 7 Mos.	
14. Malden name. Rose Ziemba 15. Birthplace Poland			(Include pregnancy within 8 months of death) Major findings of operations No operation		
*1 15. Birthplace Totalia ts. Informant Stephen Gostomski		ostomski	Antopsy resultsNo. autopsy		
Address 1738 E.Lombard St., Balto., Md.		rd St., Balto., Md.	PHYSICIAN: Please underline the cause to which death should be ch	arged statistically.	
Burial (Burial cremation or removal Which?) (Burial cremation or removal Which?) (Burial cremation or removal Which?)		Date thereof Sept. 27, 1945	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Holy Rosary Cemetery		sary Cemetery	Where did injury occur?		
Location German Hill Rd., Balto., Md.			tojured at home, tarm, industry, public piece (where?)		
ts. Funeral director Fred W. Ozazewski			Means of injury Injured at work?		
Address 1930 Eastern Ave., Balto., Md.			23. SIGNATURES Tewart & Shafe	les MiD.	
19. Sept. 24. 1945 Earl Webster Registrar			Address Mount Wilson, Md. Bate s		

Reca by her



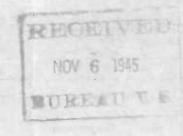
MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93. CERTIFICATE OF DEATH 7. The corlegibly. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County. (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and 10axx How long in above place of death?. Hospital, Institution, or street address where death occurred: 2.(a) It veteran, name war..... How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAE. item of i MARGIN RESERVED FOR BINDING 30. 18 4.5 21 12 7. Birth date of deceased (mo., day, yr.) Supply 8. AGE: If less than one day Years ease a ADING INK. (Town, county, and state 11. Industry or business important. (Include pregnancy within 3 months of death) PLAINLY, V Kutoph retil PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, 11H in the tollowing; (month) (day) (year) (Burial, cremation, or removal, Which?) Accident, suicide, or homicide Where did injury occur? (County) (City or town) Injured at home, tarm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE: ...19 registrar) (Date ree d by

DURATION

mon

(State)

M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 937 correct CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The co (For newborn infants give residence of mother) (If ontside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death?.. Hospital, institution, or alreet address where death occurred: How long in hospital or institution? 2.(a) It veteran, name war 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced 4. Sex CERTIFICATION MEDICAL BINDING every item of ite the causes 6.(b) Name of husband or wife FOR Physicians: please write 7. Birth date of deceased (mo., day, yr.) Supply DURATION Days it less than one day 8. AGE: Months MARGIN RESERVED (Town, county, and state) ADING 10. Usual occupation. important. 13. Birthotace (Include pregnancy within 3 months of death) 15. Birthpiac is especially PLAINLY PHYSiCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the tollowing: Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) (month) (day) (year) Where did injury occur? ... PLEASE WRITE (City or town) (County) (State) injured at home, tarm, Industry, public place (where?) Means of injury Injured at work? (Date rec'd by registrar)

OCT 22 1945
BURFAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH Roy, Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Hospital, Institution, or street address where death occurred: (If rurai, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING RESERVED FOR 7. Rirth date of deceased (mo., day, yr.) 8. AGE: Years 10. Usuai occupation..... MARGIN 11. Industry or business important. (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace Major findings of operations..... especially PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: month) (day) (year) Accident, suicide, or homicide..... Where did injury occur?(City or town) WRITE Injured at home, farm, Industry, public place (where?) Means of Injury injured at work? PLEASE 23. SIGNATURE. M. D. or other

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (3/70) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) information carefully. The Baltimore Maryland Catonsville Dayton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 13 days Hospital, Institution, or street address where death occurred: Spring Grove State Hospital (If rural, give LOCATION) 13 days How long in hospital or institution?...... 3. (a) FULL NAME 3. (b) Social Security Number Benjamin M. Hill 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex causes FOR BINDING male white married September 17 every item cite the cause 20. DATE OF DEATH. 6.(b) Name of husband or wife September 4 write T. Birth date of 1860 deceased (mo., day, yr.) NG INK. Supply sidians: please wr Immediate cause of death..... 8. AGE: Years Days Broncho-pneumonia RESERVED Uremia 9. Birthplace..... farmer 10. Usual occupation... Due to Hypertensive cardio-renal MARGIN farming vascular disease 11. Industry or business 12. Name.... 13. Birthplace important (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations..... Hospital Records PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. Catonsville-28, Md. Address 22. VIOLENCE: If death was due to external causes, fill in the following: 9-20 Date thereof. Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur?(City or town) WRITE Msans of Injury Address

Reg. Dist. No. 30

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

1 day

19 45 to September 1719 45

and that I last saw h im alive on September 17 19 45 DURATION

4 days

Indef. Cerebral hemorrhage 5 days.

Injured of home, farm, industry, public place (where?)



5 m 3 b. 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State Maryland County Maryland City or town Salisbury, Maryland (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Vets. Adm. Fac., Fort Howard, Maryland	Street No. 303 Second Street (If rural, give LOCATION)
How long in hospital or institution? 41 days	2.(a) If veteran, name war
3.(a) FULL NAME OTIS J. HOLLAND	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro Single	20. DATE OF DEATH. September 2 19.45 21 10.2001
6.(b) Name of husband or wife Single 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 19.45 10. September 2 19.45 and that I last saw h. im. alive on September 2 19.45
7. Birth date of deceased (mo., day, yr.) March 6, 1923	Immediate cause of death
8. AGE: Years Months Days It less than one day 22 6 27hrsmin.	Peritonitis, tuberculous unknow
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Farmings 11. Industry or business	Due to
	Diher conditions Broncho pneumonia
E 12. Name William Holland 13. Birthplace ?	Nephritis, chronic (Include pregnancy within 3 months of death)
Hazel ?	Major findings of operations
	Date of op.
16. Interment Clinical Records, Vets. Adm. Fac., Address Fort Howard, Maryland	Autopsy results
17 Burial Date thereot 9 6 41 (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Commetery or crematory Location Salisbury, Junisland	Where did injury occur?
18. Funeral director Charles R Law	Means of Injury Injured at work?
Address 802-04 gradisan anemer	23. SIGNATURE H. Y. RIBHARDS, MAJOR, M.C. AUS Veterans Administration D. or other Sont 3
19. Oate roe'd by registrar) Registrar	Address Fort Howard, Md. Date signed Sept. 3.

MARGIN RESERVED FOR BINDING

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SEP 19 1945
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A15

PLEASE WRITE

Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

Reg Dist No

3. (b) Social Security Number

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infauts give residence of mother)
State Maryland County
City or town
Street No. #5 Exeter St., East End Hotel
(If rural, give LOCATION)

MEDICAL CERTIFICATION

£1044	toup tu	Hoopival of	
	. Bern 10 10 1		
R (a) FIII 	II. NAME	•

1. PLACE OF DEATH:

County Baltimore

Fort Howard

How long in above place of death? 45 Minutes Hospital, Institution, or street address where death occurred:

> 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 21, 19 45 September 21,19 45 and that I last saw h im alive on September 21. OURATION Immediate cause of death ... Tuberculosis, pul., chronic, Far Unknown advanced Other conditions Pneumothorax, left Displacement of the mediastinum & Heart (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide..... Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Injured at work? Means of injury

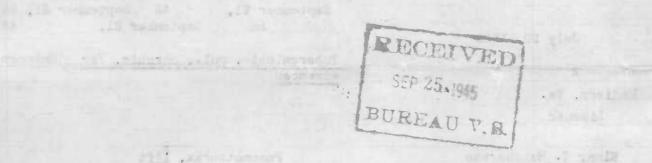
> > BALTER.LT. COL.M.C. CETNSTETR.

How long in ho	spital or inst	itution? 45	Minute	8
3. (a) FULL				
		RO	BERT C	• HUTCHERSON
4. Sex	5.	Color or race	6.(a) Sing	e, married, widowed, or divorced
Male		White	Si	nge ?
6.(b) Name of I	nusband or w	lfe		
a= 0000 000 = 000 000 000 000			6.(c) If alive, give ageyears
T. Birth date of deceased (m	o., day, yr.)	July	20, 18	88
8. AGE:	Years	Months	Days	If less than one day
	57	2	1	hrs. min.
11. Industry or H 12. Name. 13. Birthpl 14. Maidel	El ace Ma	mer T. I dison Co ry Alice dison Co	dutcher ounty, Carpe	va.
16. Intermant	Clini	cal reco	rds,V	ets. Adm. Fac./
Cemetery or	urial emation, or crematory	Ma		9/23/45 (month) (day) (year) 111 Cem.
18 Funeral di		J. C.	Clor	θ

Madison, Va.

(If outside city or town limits, write RURAL and give nearest town)

Vets. Adm. Fac. Fort Howard, Maryland



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VS A15

(Date rec'd hy registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(188110
Reg.	Dist. No.

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MD. State
CHARLES WILLIAM HU	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced M Married	MEDICAL CERTIFICATION 20, DATE OF DEATH. 20, DATE OF DEATH. 20, DATE OF DEATH.
6.(6) Name of husband or wife. Catherine A. Hutchins 5.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
Burial Burial Bate thereof 9-12-45	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

VS A15

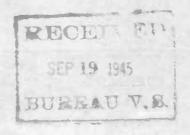
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bio)

CERTIFICATE OF DEATH

Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 171 Wanter Language	(For newborn infants give residence of mother)
City or town	County Touttered
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 171 Wenters Lane
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If vetoran, name war
3. (a) FULL NAME Florence	3. (b) Social Security Number
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemple Colored married	20. DATE OF DEATH 2 26 1 104 1945 at 12.55 A
Pun	21 CERTIFY that death occurred on the date above stated; that lattended deceased from
6.(b) Name of husband or wife	CASIL 16 1845, 1018 ST 10-18 45
7. Birth date of	and that I last saw h QA 2 live on A 2 kg 7 10 9 19 45
deceased (mo., day, yr.) July 29 1909	Immediate cause of death
8. AGE: 36 Years Months Days If less than one day	$\Lambda : \Omega $
27hrsmin.	Castic Assuller Enco?
9. Birthplace (Town, county, and state)	Due to : Hybert Essente 2 1 +
No 1 4.	Cal de co - PEND Mussal
10. Usual occupation.	Due to
11. Industry or business	for figure
12. Name Charles & Hardy 13. Birthplace and	Other conditions APPANASA
	(Include pregnancy within 8 months of death)
14. Maiden name. 211 Avrag Programme 14. Birthplace Va.	
15. Birtholace	Major findings of operations
72.	
16, Informant	Autopsy results
Address / / Willes Land	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Bate thereof (mouth) (day) (year)	Accident, suicide, or homicide,
Cemetery or crematory A lexitory Star	
B . L .	
Location July Land	Injured at home, farm, iodustry, public place (where?)
18. Funeral directors of the answer & Hemsly	Means of Injury Injured at work?
Address 578 whiddle It	Est Malana mis
9/11 4/1	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) 19. 4	Address alpustell bate signed 9/60/4
TO the back of head	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (P.d.)

1188112

Date signed AAT 21/45

CERTIFICAT	TE OF DEATH Reg. Diat. No. 32
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
FRANCES MOALE JA	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOW	2D, DATE DF DEATH. AS 5. 212 19.45 212 19.45
6.(b) Name of husband or wife STUART SYMING TO H TANNEY B.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) FEBRUARY 10, 1882 8. AGE: Years Months Days It less than one day 63 7 // hrs. min. 9. Birthplace BALTIMORE COUNTY MARYLAND (Town, county, and state) 10. Usual occupation HANSE WIFE 11. Industry or business NONE 12. Name JERNIS SPENCER 13. Birthplace CHESTERTOWN, MARYLAND 14. Malden name SARAH FLIZABETH ELDER	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 44. to 19. 45. 19. 45. 19. 19. 19. Immediate cause of death. DURATION Due to. Other conditions. (Include pregnancy within 3 months of death)
14. Malden name SARAH ELIZABETH ELDER 15. Birthplace BALTIMORE COUNTY MARYLAND	Major fiadings of operations
16. Informant STUART S. JANNEY, JR.	Antopsy results
Address GLYN DON P. 2. BALT/MORE CS., MD. 11 (Burial, cremation, or removal Which) Cemetery or orematory Company to the property of the pro	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Location	
18. Funeral director density of Rukius Bino (23. SIGNATURE Washe B. Oleve.

Registrar Address & E. Cana St.

Per d 9/22/25

1. PL County. City or

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		1000	
FRTIFICATE	OF	DEATH	

OBIGINION	Reg. Diat. No.
ACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
town (If outside city or town limits, write RURAL and give nearest town) g in above place of death? i, institution, or street address where death occurred: If assume the complete of the c	State County City or town Glade city or town limits, write RURAL and give nearest town) Street No. #21/ Clarent County (If rural, give LOCATION) 2.(g) If reteran, name war.
PRINT MARKE	

(If outside city or town limits, write RURAL and give nearest town)	City or town T Saltimore M.d.
How long in above place of death?	(If outside city or town limits, write RURAL, and give nearest town)
Hospital, Institution, or street address where death occurred:	1211 Older - C-
Masonie Ame of md.	Street No. #211 Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Cora emily Jones	
4. Sex 5. Color or race 6,(a) Single-married, widowed, or divorced	MEDICAL CERTIFICATION
Femile Hhite Hidow	20. DATE OF DEATH Slefst. 29 19 45 at 1050
01100	
8.(b) Name of husband or wife Cartasta 15.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A CANADA	18, 45, to 4, 19, 4
7. Birth date of years	and that I last sawh My alive on Sefet 2.9 19 4
deceased (mo., day, yr.)	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
7 - 0 11	Carollac Tecompensation 4 das
/5 / /6min.	
Bultimore Mr.	In Moloreday Neurt Descense 2 44
(Town, county, and state)	But 10.
Aous wil	
1D. Usual occupation	Due to
11. Industry or business	arteria sclerosis 4 mo
12 Name Peter D. Della	
	Dther conditions
13. Birthplace Jultimore 14d	(Include pregnancy within 8 months of death)
William Market and Market Car Page	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace Somerset County	Date of op.
8.10 Ms del 11	
16. Informant	Autopsy results
Address Hasonia Jome Corkerson lle	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 2	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof Signification 17.	Accident, suicide, or homicide
(Burial, eremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory M. T. Olevel	Where did injury occur?

9.... WITH UNFA WRITE PLAINLY, is especially Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? PLEASE VS A15 M. D. or other (Date rec'd by registrar) .Date signed....

THE ARC. NO SELECT ASSESSMENT

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OCT 2 1945
BUREAU V.S

information carefully. The confeath clearly and legibly.

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especially

(Date rec'd by registrar)

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

Registrar

Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RUBAL and give mearest town) (If raral, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DURATION (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underfine the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide..... Date of (County) Injured at home, farm, Industry, public place (where?) Injured at work? M. D. or other A. Date signed.....

1. PLACE OF DEATH: City or town... How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution?..... 2.(a) if veteran, name war..... 3. (a) FULL NAME 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 20. DATE OF DEATH.... B.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) If tess than one day 8. AGE: Years. 9. Birthplece..... (Town, county, and state) 10. Usuat occupation. 11. Industry or business 14. Maiden na 15. Birthplace 14. Maiden name. 16. Informant. Address (50 Date thereof (Burlal, cremation, or removal Which?) Where did injury occur?(City or town) Cemetery or crematory. Means of injury 18. Funeral director. Address 23. SIGNATUR

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-2

1188115	
Reg. Dist. No.	44

CERTIFI	CATE	OF	DE	ATH
	CAIL			7 1 1 1

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
	State Maryland County Baltimore
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	
Hospilal, Institution, or street address where death occurred: Veterans Administration Facility	Street No. 7149 Martell Avenue
	(If rural, give LOCATION) 2.(a) If veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
JOHN EDWARD KELLER	7
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20, DATE DF DEATH September 26 19.45 212:30 p.m
	21. I CERTIFY that death occurred on the date above stated; thal I attended deceased from
6.(b) Name of husband or wife	Barch 23 13.45 to Sapt. 26 19.45
7. Birth date of Tune 24 1923	and that I last saw h. im. alive on September 26 13.45
7. Birth date of deceased (mo., day, yr.) June 24, 1923	
8. AGE: Years Months Days If less than one day	Immediate cause of death CHONDRO-SARCOMA, RIGHT HIP 8 mos.
22 3 2hrsmin.	WHIMMAN THE STATE OF THE STATE
2144 2 2 22	
9. Birthplace Pittsburgh, Pennsylvania (Town, county, and state)	Due to
10. Usual occupation. Clerk	
	Due to
tt. Industry or business	
12. Name John Keller 13. Birthplace Poland	Dther conditions
≤ 13. Birthplace Polena	(Iuclude pregnancy within 3 months of death)
14. Malden neme Josephine Balukin	Major findings of operations. Same as above
15. Birthplace Pennsylvania	Date of op. 5/26/45
14. Malden neme Josephine Balukin 15. Birthplace Pennsylvania 16. Informant Clinical Records, Veterans Adminis-	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address tration, Fort Howard, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial (Burial, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cachella Halant & Market	Where did injury occur?
Location Surval	Injured at home, farm, Industry, public place (where?)
18. Funeral director fellouch Ferminal House	Meens of Injury Injured at work?
200	WAY AMB It
Address 2008 Williams of	23. SIGNATURE ALTER. LT. COL. CLINICAL DERECTOR
13 9 - 28 19 45 Celetresees 9	
(Date rec'd by registrar) Registrar	Address Fort Howard, Md. Date signed 9/26/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1.88116

Address Mount Wilson, Marylante signed 9/17/45

CERTIFIC	PATE OF DEATH Reg. Diat. No. 32
1. PLACE OF DEATH: County Baltimore City or town Mount Wilson City outside city ne town limits, write RURAL and give nearest town) How long in above place of death? O yrs. 5 mos. 8 day Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatoriu flow long in hospital or institution? O yrs., 5 mos., 8 day	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 122 S. Monroe St., Balto., Md. (If rural, give LOCATION)
3.(a) FUIL NAME Mrs. Mary L. Kelly	3.(b) Social Security Number None
Female White Married	MEDICAL CERTIFICATION 20. BATE OF BEATH September 17, 1945 10:40P.
8. (6) Name of husband or wife	years April 9, 1845 to Sept. 17, 19 45 and that I last saw h. er alive on September 17, 19 45 [Immediate cause of death BURATION]
48 11 14hrs.	
9. Birthplace Greencastle Pa. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or bosiness	Bue to Tubercle Bacilli Oue to
12 Name Columbus Pentzz 13. Birthplace Pennsylvania	Bther conditions
14. Malden name. Marion Conrad 15. Birthplace Pennsylvania	(Include pregnancy within 3 months of death) Major findings of operations
Address 122 S. Monroe St. Balto. Md	Autopsy results. No autopsy. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Bate thereof Sept. 21, 194 (Burial, crematian, or remaval, Which?) Cemetery or crematory. New Cathedral Cemetery	5 22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide
Location 4300 Old Frederick Rd., Balto 18. Funeral director Thomas J. Kenny	n., Miduced at home, farm, industry, public place (where?)
Address Gilmor & Hollins St., Balto, Md	

Registrar

VS A15

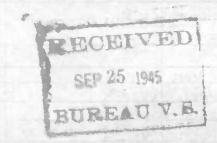
PLEASE

9/17/ (Date rec'd by registrar)

1945

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	.2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Balty Colleges (Russ)	State Maryland County Coltinois
City or town	1/ 1 1 10 10 10 11
How long in above place of death?	City or town (If outside city or town limits, write RURAL end give nearest town)
Hospital, Institution, or street address where death occurred.	Street No. Gadonia Osad.
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. widowed	20. DATE OF DEATH & extender 3 5 18 4.5 at 9:169 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
O.C. y maint of account of site of the control of t	June 20 1845, 10 System 25.1845
7. Birth date of	and that I last saw h. C. alive on Outgreat 6 1945
deceased (mo., day, yr.) 8 A.G.F. Years Months Days It less than one day	Immediate cause of death
8. AGE: Years Months Days It less than one daymin.	Coronary occlusion
9. Birthplace Balto Co md. (Town, county, and state)	Due to artinio relientie
11	Last dress
10. Usual occupation	Due to
11. Industry or business	Frosture due to : Occidental fall, cuis R
12. Name Wan H. Carnady 13. Birthplace Valence	Diher conditions de annual productions productions de la condition de la condi
	(Include pregnancy within 3 months of death)
14. Maiden name Sara H. Seipp 15. Birthplace England	Major findings of operations.
15. Birthplace England	Date of on.
4 4 Co	Antopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Coelcerperille md.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. Accident. Date of Juna. 20, 1945.
Cemetery or crematory Rosalge Revale Church	Where did injury occur? Cadomial Road, man Jesus, manylanda (City or town) (County)
- 10 '00 md	Injured at home, farm, industry, public place (where?)
Location	Means of injury Occidental fall, Injured at work?
18. Funeral director	months of injury control galls injured at note:
Address Sparles, Manyland	23. SIGNATURE Secheth B. Shaniff M. D. of other
19. Sept. 26 19 45 Wilmer U. Ensor (Date rec'd by registrar) Registrar	Address Cothingwille M. d. Date signed 9-25-48
(Date to a b) registrat)	VARIETS

SEP 28 1945

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STATE OF MARYLAND—	CERTIFICATE OF DEATH (18808
1. PLACE OF DEATH	83:0)
County - Dalluioce	Registration Dist No. 442
Village or City Lalelhouse	ND. 1803 Tast Car St Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Ida Stag	
(a) Residence: No. / 805 (Usus place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (forite the word)	19 19 J
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Thomas O. 1 (n-9	22. HERELY CERTIFY That I attended deceased from
21. 1917	19 × J to A 19 / J
6. DATE OF BIRTH (month, day, and year) 00. 6 166 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at . A
// // // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL.	Wellal Humber VH1145
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and year)	
Ma. l. S	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13 NAME Um Burne	the two felouses
14. BIRTHPLACE (city or town) Mcd.	Name of the State
4. BIRTHPLACE (city or town)	Name of operation Date of Was there an autons w?
I 15. MAIDEN NAME Vosa Glas	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur?
17. INFORMANT Hamily	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Halelforfer	
18. BURIAL, CREMATION, DR REMOVAL (Med 9/26 15	Manner of Injury
Place Date 7/16 , 1945	Nature of injury
19. UNDERTAKER / Leely	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1002. Fortille	If so, specify
20. FILED Sept 15, 19 45 Les Kinffen	(Signed) M. D.
/ Registrar.	(Address) Talellers hed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Marie Carlo	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1 1008	Other contributory causes of importance:	
May 1,1923	Gastroenterius	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

age

PLAINLY, WITH UNFADING fines. Supply every item of information carefully. is especially important. Physicians, please write the causes of death clearly and the

WRITE PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

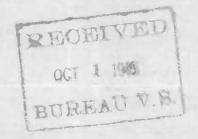
2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

Reg. Diat. No. 30

08809

1. PLACE OF DEATH: County Backinse	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Many Land County I Saurant
City or town. (If outside city or town timits, write RURAL and give nearest town)	City or town
How long in above place of death?	(It obtaine they or town minus, write MoteAD and give heatest town)
	Street No
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed; of divorced	MEDICAL CERTIFICATION
m w married	20. DATE OF DEATH Sept 1 19 45 at 1 P. M
6.(b) Name of husband or wife. Like Homesty	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.) Nov. 2, 1867	and that I last pay h
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
77 9 28hrsmin.	Vascular Disease / year
9. Birthplace. Ellersett City Incl. (Town, county, and state)	Due to.
2 1	
1D. Usual occupation. Status ed	Due to.
11. Industry or business	
12. Name IRich I Israely:	Dther conditions Zave
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Mass Lassman	
	Major findings of uperations.
4	Date of op.
16. informant hallie Passaly	Antopsy results
Address 803 Harline are Calouxville, ma	
17. Burran Bate thereof 9-4-45 (Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, till in the tollowing;
	Accident, suicide, or homicide
Cemetery or crematory. It Johns	Where did injury occur?
Location Ellewith City much:	Injured at home, tarm, industry, public place (where?)
18. Funeral director 7. C. Nigunbothom	Meens of Injury tnjured at work?
Address Escurat City med	I so of the tolar
" 9176. V5 W.C. Bandona	23. SIGNATURE M/D. or system
(Date rec'd by registrary)	Paddress Ellispot City MG Oate signed 9/3/45



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



1		C	C	1	0
1	0 10	8	0	J.	U

... Date signed 9/22/45

		CERTIFICAT	TE OF DEATH Reg. Diat. No	78008888888
City or town	imore orlea stated city or town line of death? 10 1 street address where death Overlea Institution?	Ave.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	wu)
		RRY W. KIRSCH		
4. Sex male	5. Color or race White	6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH September 20th, 19 45 at 1	2:10m
7. 6irth daie ef deceased (mo., day, yr 8. AGE: Years 689 9. Birthplace	July 10 Months 2 Lto., Md. Clerical Baltimo Louis Kir Balto., Mary L. Balto.,	rsch Md.	Due to	19 4 C 19 4 C DURATION
17	Greenmo	Date thereof Sept. 24, 1945 (month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistics 22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide)

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 944

CERTIFICATE OF DEATH

(8811 P

1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
City or town M11ford(L1berty Road) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 Yrs.			State Md.	nt w Pond 1		
How long in above plan	ce of death?	death occurred:	***************************************	(If outside city or town lim	its, write RURAL and give ne	arest town)
				Street No. 3604 Croydon	Ve LOCATION)	***********************
How long in hospital	or Institution?			2.(a) It veteran, name war.		
3. (a) FULL NAM	ME				3. (b) Social Security	Number
	John	Frederic	k Koenig		Fed. Emplo	vee
4. Sex	5. Color or race	6.(a)Single, married	, widowed, or divorced		CERTIFICATION	
M	W	Mar	ried	20. DATE OF DEATH Sept 27	19. H.S.	at 9:30P. w
6.(b) Name of husban	d or wife M. Katl	narine Ko	enig	21. I CERTIFY that death occurred on the date a	bove stated; that I attended dec	eased from
***************************************			give age53 years	Sept 27 1	9.4.5 to Sept 2	194-5
7. Birth date of	m) August			and that I last saw halive on		
8. AGE: Yea			s thao one day	Immediate cause of death Pecto		
57	7 1	11	hrs min.	anguna decio		
9. Birthplace.Ba.	ltimore C	ity, Md.		Due to	***************************************	
	Cashier					**
	Dept. In			Due to		••••••
	rtin Koen Baltimore			Diher conditions		••
14. Maiden name	Amelia Sta Baltimo			(Include pregnancy within the Major findings of operations		
fB. Informant M.	Katharir Croydon		(Wife)	Antopsy results. PHYSICIAN: Please underline the cause to		
	n, or removal. Which?)		Oct. 1945 month) (day) (year)	22. VIOLENCE: If death was due to external confident, suicide, or homicide	Date of	
	tory Woodla		***************************************	Where did injury occur?(City or town)) C(County)	(State)
Location WOO	dlawn, Mo	L •		Injured at home, farm, industry, public place (
18. Funeral director	Valle Su	oks Brad	ley	Means of Injury	Injured at work?	
Address]	922 W. No	orth Aven	ue	220 SIGNATURE D. D. Ease	les: Mr. 9	V = / -
19. 9-2 (Date rec'd by r	T 1945	Pre	Holes Registrar		M. D. www. Mal Date signed	or other
(Page rec d D) 1	- Bronette's		MANAGEMENT	11 Addiesz		of a strong constitution of the strong

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

BALTO.

(If rural give LOCATION)

3. (b) Social Security Number

DURATION

PHYSICIAN

the cause to whic death should be

charged statisti-

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

_____19_____19

(Include pregnancy within 8 months of death)

(County) (State)

injured at work?

(Date rec'd by registrar)



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICA	TE OF DEATH Reg. Diat. No	***************************************
How long in above place of Hospital, institution, or substitution, or substitution, or substitution in the How long in hospital or in the How long in the How long in the How long in hospital or in the How long in hospital or in the How long in hospital or in the How long in the H	Caton Caton tiside city or town I If death?	syille imits, write F ears death occurre ate H	E Baltimore CURAL and give nearest town) 2 mos. 23 days cospital 2 mos., 23 day	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate	rest town)
3. (a) FULL NAME	leslaw	Benny)	Koszpura	3. (b) Social Security	Number
4. Sex Male	Jhite		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH September 20th 19.45	₽:30 P
6.(b) Name of husband o			szpura c) If alive, give age Unknow	21. I CERTIFY that death occurred on the date above stated; that I attended dece June 28	ber20/4
8. AGE: Years	Months	Days	If less than one day	Immediate cause of ceats.	DURATION 3 ds.
B. Birthplace	Po (Town,	land connty, and orer		Due to. Chronic arteriosclerotic cardiovascular disease	Indef.
11. Industry or business 12. Name	Inknown	ne		Oue to	
14. Malden name 15. Birthplace	tt .			Major findings of operations left leg - sclerot elusion ant. post libial art.	hird ic oc- 6/6/45
Address Cat(Burial, cremation, Cemetery or cremator	or removal. Which?	, 28,	Maryland ,	PHYSICIAN: Please nnderline the cause to which death should be charged 22. VIOLENCE: If death was due to external causes, fill in the following; No Accident, suicide, or homicide	ne (State)
Location	Ofred C 50 Feet 19 45 istrar)	J. ():	WHESVEL Registre	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE Address Catonsville, 28, Md. Date signed.	M O

Re18 V.S.

Supply every item of information carefully. The cocae write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICA	ATE OF DEATH Reg. Dist. No. 43	,
1. PLACE OF DEATH: County Baltimore City or town Overlea (If outside city or town limits, v How long in above place of death? Hospital, Institution, or street address where death of	write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) state Maryland county Baltimore City or town Overlaa (If outside city or town limits, write RURAL and give nearest to street No. 10 E. Mapla Ave. (If rural, give LOCATION)	own)
How long in hospital or institution?		2.(a) It veteran, name war.	
	J. Kummelmann	3. (b) Social Security Numb 212-16-4578	er
	a)Single, married, widowed, or divorced WIDOWED Kummelmann	MEDICAL CERTIFICATION 20. DATE OF DEATH September 2. 1. 19 45 at 21. I CERTIFY that death occurred on the date above stated: that I attended deceased tro	
7. Birth date of deceased (mo., day, yr.) Aug. 7th. 1		and that I last saw h exalive on superior	18 45
5. AGE: Years Months Da	ays It less than one day	Cormany thrancon 1	d·
9. Birthplace Pennsylvania. (Town, county) 10. Usual occupation At. Home 11. Industry or business 12. Name John A. S. 13. Birthplace Germany 14. Maiden name Theresa G. 15. Birthplace Germany	chmid	Due to	· yı ·
16. Informant Miss Ther Address 10 E. Mapl	esa Kummelman Overlea	Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Ptease underline the cause to which death should be charged statistic.	**********
(Burial, cremation, or removal, Which?) Cemetery or crematory Parkwood	te thereot	Accident, suicide, or homicide	e)
Address 7401 Bela 19. (Date rect) by registrar)		23. SIGNATURE	2. D.

CEPTIFICATE OF DEATH



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is shown on No.G 9

BEADUE AND	CTATE	DEDADTREBIT	OF	TEN A P TITE
MAKILAND	SIAIL	DEPARTMENT	Ur	HEALIH

1. PLACE OF DEATH:	Street No.		
City or town			
How long in hospital or institution?			
3. (a) FULL NAME Sister Mary Camille Lea 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female solite Single	20. DATE OF DEATH. Safet 26 19 #5 at 3 45 Ac M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. J. 19.45 to Sept. 2.6 19.45		
7. Birth date of	and that I last saw h. La. alive on Sufah. 19.		
deceased (mo., day, yr.) Oct. 10 1897	Immediate cause of death. DURATION		
8. AGE: Years Months Days It less than one day 47 48 /6hrsmin.	May a can hidela Claranopeus chian 2		
9. Birthplace Melist York Cify (Town, county, and state)	Due to		
1D. Usual occupation. T. S. Marketta Ma	Due to		
12. Name John Leahy 13. Birthplace Ireland	Differ conditions		
14. Malden name Granie Colfon 15. Birthplace New York Cify	(Include pregnancy within 3 months of death) Major findings of operations.		
	Autopsy results		
18, Informant St. Mary Clara			
Address Motels Cliff Md 17. (Burial, cremation, or removal. Which?) Date thereof Address (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, suicide, or homicide		
(Burial, cremation, or removal, Which?) Cemetery or crematory	Where did injury occur?		
Location The Control of the Control	Injured at home, tarm, industry, public place (where?)		
18. Funeral director	Means of Injury Injured at work?		
Address State Company of the Company	23. SIGNATURE SULL SULL MI/D, or other		
(Date sec'd by registrar) Registrar			

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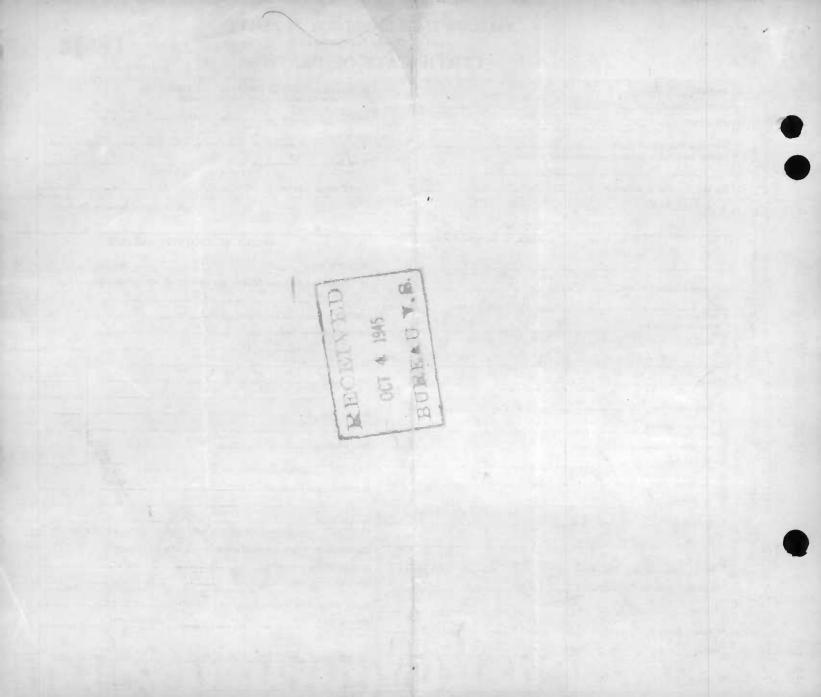
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For personn infants give residence of mother)
County County	1/19 Tellennal
(If outside city or town limits, write RURAL and give nearest town)	State County
low long in above place of death?	City or fown (If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	225 Physich Lane
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If yeteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
May Carel a	Leaving Imme
4. Sex 5. Color or race 6.(g) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Tendo Whato Making	XIA acc 1= dues
mue There of the first of	20. DATE DF DEATH 19.43 at 6.23.5
B.(b) Name of husband or wife 1971	21. I CERRET that death occurred on the date above stated; that lattended diceased from
	19.4 1 to 024 8 8 19.4 1
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 3. AGE: Years Months Days If less than one day	Immediate cause of death
01 0 55	Chrone mysearches June
8/ 7 Something	A The state of the
9. Birthplace Marghens	Due to Arares Alleras fear
Nown, county, and state)	V
10. Usual occupation.	Due to
11. Industry or business	
12. Name Canara Thates	Bther conditions Variation
12. Name AND	Utilet Colluttion
Muhanna)	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
15. Birthplace	Date of op.
16. Informant Slenn Matto	Antopsy results.
My HI med	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Mesoule	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) (Barr hereof (month) (day) (year)	Accident, sulcide, or homicide
I INDELLE SINOR	
Cemetery or cremetory.	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Additional Control of the Cont	Means of Injury Injured at work?
1011 Lot to	6 (0 1/10 R 10 - Mh)
Audiess Der / UT	23. SIGNATURE
10 5 W 29 10 41 66 Michaels	M. D. or other
Address 27 For Jone 87 19. Shy 9 19 41 E & Nichals (Date rec'd by Feriffrer) Recistrar	23. SIGNATURE 6 9 M. D. or other Address Very 10 8 m. D. or other Pole signed 7-29



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn intants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Din Thre are.
917 Otase are	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
tena M. Lipskes	
4. Sex 5. Color or race 5.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
Female While Makara.	20. DATE DE DEATH SUFF (19 45 T, at 6 P. M
6.(b) Name of husband or wife	21. I CERTIFY that Beath occurred on the date above stated: that Lattended deceased from
S.(c) If alive, give age years	Deft 6 1945 10 Beft 6 1845
7. Birth date of	and that I last saw fralive on
deceased (mo., day, yr.) 8. A.G.E. Years Months Days If less than one day	Immediate cause of death
M./ 1/	J. J.
14 1/ 1/ min.	Takanana tellusion mel:
9. Birthplace Palaud, (Town, county, and state)	Due to.
(Town, county, and state)	9
10. Usual occupation	Due to Sendily
11. Industry or business	
12. Name Joseph Milesarch	Dither conditions
12. Name Joseph Milizarch 13. Birthplace Paland	
14. Maiden name Natherine Bewandowke. 15. Birthplace Poland	(Include pregnancy within 8 months of death)
To Siethnices Pala 1	Major findings of operations.
m C 1.2/	Date of op.
16, Informant // W.R. South Control	Antopsy results
Address 917 Muse are	
17 Burial Date thereof Sekl10, 1945	22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Sh. Cald September Mary	Where did Injury occur?
Location Detersion I tell Rd. Md	Injured at home, farm, industry, public place (where?)
18. Funeral director D. 2. Coversa Tans	Means of Injury Injured at work?
Address 21 W 25 St. Balto, 18, Ma	1 Ambaran no mito:
19 Sept 7 19 45 awkelned	23. SIGNATURE DE DE CONTROL DE CO
(Date rec'd by registrar) Registrar	Address Dale signed

PLEASE WRITE PLAINLY, WITH UNFADING WK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

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media.		1 3	20	200	-	1
	Reg.	Dist.	No	1003	2	()

			CERTIFICA	ATE OF DEATH Reg. Dist. No	32.7
City or town	imore t. Washing f outside city or town lee of death? or street address where ith Avenue or institution?	ON	d: Lochte	State Maryland County Baltimore City or town Mt.a. Washington (If outside city or town limits, write RURAL and give to Smith Ayanua (If rural, give LOCATION)	gearest town)
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White		Widow	20, DATE DF DEATH Sept. 9th, 19 45	9:10 P
8.(0) Name of husband or wife Frank J. Lochte 6.(c) If alive, give age years				Sept.	9., 19.45
7. Birth date of deceased (mo., da	y.yr.) March	22, 186		Immediate cause of death	
o. Mos.	ars Months 4	Days	If less than one day	Cerebral hemorrhage	
10. Usual eccupation 11. Industry or busin 12. Name	Housewi iver R. Ri Maryla	fetter nd neKell	Jaryland	Due to Arterial Personal Perso	475
				Autopsy results	
Address S	mith Ave.,	Mt. Wa	ashington, Md.	PHYSICIAN: Please anderline the cause to which death should be charged. 22. VIOLENCE: If death was due to external causes, fill in the following:	ed statistically.
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory St. Mary's				Where did Injury occur? (City or town) (County)	
Incaling Govans, Baltimore, Md.					
18. Funeral director. I. J. Ruck				Means of Injury Injured at work?	-,0
Address 53	05 Harford	Road		E.E. hicka	es hux
199 -	10 45	Dr.H	C. E. Nichols Regist	23. SIGNATURE M.	D. or other of 9/10/45
. (Date ree'd by	registrar)		Kegist	Addiess	.u



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MARYLAND STATE DEPARTMENT OF HEALTH

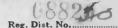
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: BOLLENIES CO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Md County Battimin
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. /6/5 Earleson (Lace
	(If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	2.(a) If veteran, name war.
(LOHMEYER) Charles A	2 Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m married	20. DATE OF DEATH. Deft. 3 19.45 at 40 M
5.(6) Name of husband or wife aroline & Suneyes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	March 13. 1966 5 10 Nefet 3. 19 4.6
deceased (mo., day, yr.) 2/19/1894	and that I last saw have alive on any safe to 19.4.1
8. AGE: Years Months Days If tess than one day	Immediate cause of death DURATION
9. Birthplace (Town, conny, and state)	Due to Carenna Laures
10. Usual occupation Self Maltal Briker	Due to.
11. Industry or business	
12. Name	Dther conditions drawing drawing
13. Birthplace Sesurbuy 14. Maiden name Sugar Suddentohu	(Include pregnancy within 8 months of death)
14. Maiden name access See Addition 15. 8 Irthplace	Major findings of operations.
16 Informant Caroline do Immoner	
Address 1615 Caree Kron Place	Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically.
" Rusiae S. 14 h	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) (nonth) (day) (yesr)	Accident, suicide, or homicide
Cometery or crematory	Where did Injury occur?
Location Clark	Injured at home, tarm, industry, public place (where?)
18. Funeral director Collect Blanch Gover	Means of tinjury Injured at work?
Address 2004-8. Orleans 87	Marino S. Hhanes MA
19.9-5 19.4) Guffebeng	M. D. or other
(Date rec'd by registrar) Registrar	Address

2411 N. Charles St., Baltimore 934



		CERTII	FICATE OF DEATH Reg. Dist. No.
City or town(If our How long in above place of Hospital, Institution, or state of the control of the contr	Baltim Catons cations itside city or town lim of death? 1 mo sireet address where de Grove St	ville its, write RURAL and give nearest nth, 9 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME		elia Ludwig	3. (b) Social Security Number
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divor	orced MEDICAL CERTIFICATION
Female	White	Widowed	2D. DATE OF DEATH. September 15 18. 45, at 7:20PM
7. Birth date of	A	6.(c) If alive, give age	(d 19212). I CERTIFY that death occurred on the date above stated; that I attended deceased from August 6 19 45, to Sept. 15 19 45
8. AGE: Years	Months	Days If less than one day 6hrs	Immediate cause of death DURATION Terminal oneumonia 48 hrs
9. Birthplace	Hous No Unkn		Due to Acute myocardial insufficiency l wk Due to Chronic hypertensive cardio-vascular disease Indef Other conditions
14. Malden name 15. Birthplace	Unkn		(Include pregnancy within 3 months of death) Major findings of operations. Dale of op.
Address Ca.1	or removal. Which?) y hew Co diva dward 9 wall	Bate thereof. 9/1.9/4.3 The draf The draf The draf Al Foulsons Blod Al Al	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?) Maans of injury Injured at work? 23. SIGNATURE Registrar Address. Catonsville, 28, Md.s. Date signed, 2, 16, 45

VS A15

(Date rec'd by registrar) 19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

Reg. Dist. No.

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	3:	8

1. PLACE OF DI				2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of a Md.	F DECEASED: mother)
How long in above place		death occurred	URAL and give nearest town)	State Com City or town Baltimore	, write RURAL and give nearest town)
How long in hospital	or Institution?			2.(a) If veteran, name war	
3. (a) FULL NAM			AH EDEL MCAFEE		3. (b) Social Security Number none
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
F	W	W	idow	20. DATE DF DEATH Sept. 17,	19 45 at 7:0
	***************************************		albot McAfee) If alive, give ageyea	21. I CERTIFY that heath occurred on the date abo	ve stated: that I attended deceased from
8. AGE: Yea		Days 25	If less than one dayhrsmir		Sur Sur
9. Birthplace				Due to game gid	alada -
12. Name	Maryl:	and			
-41	. Eliza Co Maryl			(Include pregnancy within 8 r	•••••
	rs. Walter		an	PHYSICIAN: Please underline the cause to wi	hich death should be charged statistically
17Bu: (Burial, crematic	rial on, or removal. Which?) dreen	Date there	9/20/45 (month) (day) (year) Cem.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County) (State)
Location Baltowy Md				Magne of injury	Injured at work?
18. Funeral director				- Ara	2 300
19. ————————————————————————————————————	Baltimor 7 1945 registrar)		uffel Registre	23. SIGNATURE Address. 3403 Carrier B	M, D. or other

The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

1.882244 Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	_
County City or town Esset	State Md. County Could	15
(If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:	City or town Essel	-Ward No
2/4 Humberg are:	(If outside city or town limits, write RURAL NEAR and g	rive town)
Stay in hospital or inst. (yrs., or mos., or days)	Street No. 4 4 (If roral give LOCATION)	
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR	
3 (a) FILL NAME	Somuch 3. (b) Social Securi	ity Number
4. Sex 5. Color or tice 6.(a)Single married, widowed, or divorced	MEDICAL CERTYFICATION	
Male White Diroced	20. DATE OF DEATH 9 26 19	45 at 54 m
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that laterated	
6(c) If alive, give ageyears	\$/ 76 19/ 41 1y 9/20	19.4
7. Birth date of 4 1897	and that I last saw h A alive on	19 4.
8. AGE: Year Months Days If less than one day	Immediate cause of death	DUSATION
48 3 22 hrs.	min Stam opaqua popuquio	1 KM
R. Ot - Sold		
9. Birthplace (Town, county, and state)	Oue to	
10. Usual occupation		
11. Industry or business	Due to	
12. Name assessed 6. Mc Comich	Other conditions	
12. Name theregist 6. Mc Corneck 13. Birthplace Balto Md.	Other congress	
14. Maiden name Barbara 6. Ball	(Include pregnancy within 3 months of death) Major findings:	PHYSICIAN
14. Malden name Borbora & Ball 15. Birthplace Balt. Ind.	Of operations	Please underline
Barker to		the cause to which
16. Informant Withing 6. alams	Of autopsy	charged statisti- cally.
Address d/4 frumberg the.		
17. Burial Date thereof Sept. 29/4.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Can Taluty Olm.	Where did injury occur?(City or town) (County)	(Stete)
Location - Gastyn total	Injured at home, farm, Industry, public place (where?)	N. a
18. Funeral director of the fl. Holling	Means of Injury Injured at work?	0/3
Address 2334 Johnson St.	76 1/1/1/1/	MIS THE TW
9 18 / St Att 400. 6	23. SIGNATURE SALES OF THE METERS OF THE MET	D, or other
19. (Date rec'd by registrar)	- 1423 E BUHL ST	9/46/15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93

08823

#CELV			20
Rez.	Dist.	No.	30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	
City or town Catonsville (If ontside city or town limits, write RURAL and give n	State Maryland County
How long in above place of death?8months.,20day.s	
Hospital, Institution, or street address where death occurred:	944 West Perrette Street
Spring Grove State Hospital	(If rural, give LOCATION)
How long in hospital or institution? 8 months, 20 days	2.(a) If veteran, name warSpanish-American
3. (a) FULL NAME	3. (b) Social Security Number
Hugh McGuire	
4. Sex 5. Color or race 6.(a) Single, married, widowed,	or divorced MEDICAL CERTIFICATION
m w widowed	Sontonbon 20 AF F. 20 Pu
	20. DATE DF DEATH
8.(b) Name of husband or wife?	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	January 6. 19.45 to Sept. 26. 19.45
7. Birth date of deceased (mo., day, yr.) February 2, 1862	and that I last saw him alive on
deceased (mo., day, yr.) February 2, 1862 8. AGE: Years Months Days If less than one	day DURATION
0. 101.	Chronic myocardial insufficiency Indef
03 1 24hrs.	mln.
9. 8irthplaceIreland	Due to Terminal pheumonia 15 hrs.
10. Usual occupationpaddlar	Due to
11. Industry or business peddling for self	
12. NameJohnMcGuire	Dther conditions
Z 13. Birthplace Pennsylvania	
14. Malden name Mary Mangan	(Include pregnancy within 8 months of death)
E 14. Malden name	Major hadings of operations
ž 15. Birthplace Ireland	Date of op.
14. Malden name Mary Mangan 15. Birthplace Ireland 18. Informani Hospital records	Autopsy results. 2.S. 2b.0V.6
Address Catonsville, Balto28, Marvl	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22 VIOIENCE, 14 doubt was due to external causes fill in the following:
17. Buried Date thereof 10-3 (Buriel, cremation, or removal. Which?)	(day) (year) Accident, suicide, or homicide
Cemetery or crematory Spring Grove State	Hospital Where did injury occur? (City or town) (County) (State)
Catonsville 28, Maryland	(City or town) (County) (State)
Location	Injured at home, farm, lodustry, public place (where?)
18. Funeral director Spring Grove State Hosp	Means of Injury Injured at work?
Address Catonsville 28, Maryland	756
Address de de la	23. SIGNATURE Leber 6. Farduer 14.10
19. 1073 19 U.S. W.C. / Los	Robert E. Gardner, M. D.M. D. or other
(Date rec'd by registrar)	Resident Address Baltimora - 28, Marylandbate signed 10/3/45

OCT 22 1945
RUREATI

VS-A15

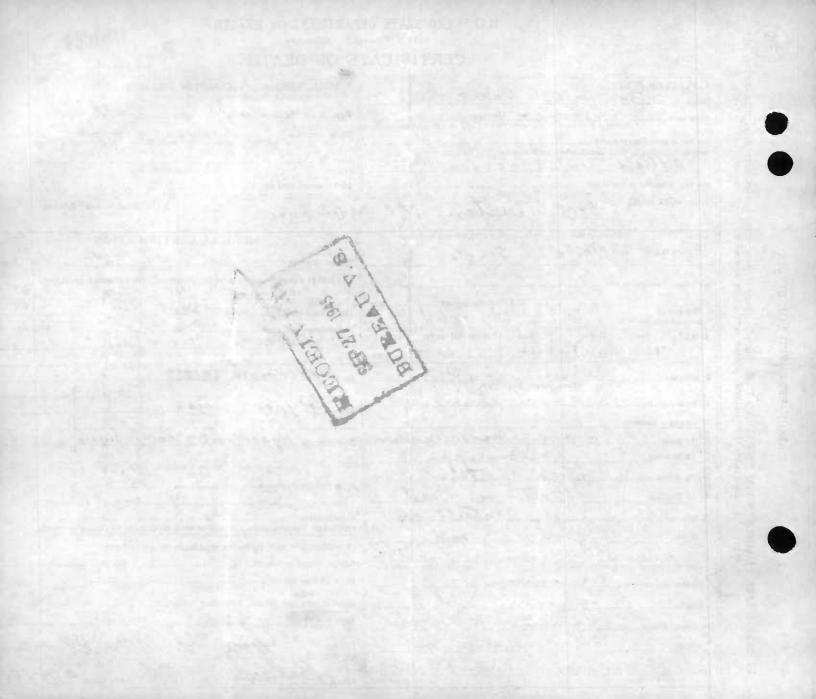


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33d)

*	0882420	\ <u>.</u>
-	Z. Diat. No.	(

CERTIFICAT	E OF DEATH Rog. Diet. No. 3
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	MURRAN 3. (b) Social Security Number
4. Sex FEMALE 5. Color or race White 6.(a) Single, married, widowed, or divorced 5. in gle	MEDICAL CERTIFICATION SEPT. 14 19 45 et 10 30
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 19 45, to Sept. 19 45
7. Birth date of deceased (mo., day, yr.) Quly 30, 186/	and that I last saw h. e. T. allve oo Sept. 14 1945
8. AGE: Years Months Days It less than one day 8. H Days It less than one day 9. H L L L L L L L L L L L L L L L L L L	Immediate cause of death Cerebral thrombosis BURATION
9. Birthplace Mississippi J. S. a. (Town, county and state)	Due to Arteriosclerosis
10. Usual occupation	Due to Hypertension
12. Name John 9. McMusson 13. Birthplace Missississis	Diher coodillons Hypertensive heart disease
14. Maiden name alice auster	(Include pregnancy within 3 months of death)
14. Maiden name alice auster 15. Birthplace Baltimore, rud.	Major findings of operations. Date of op.
16. Informant dunca mcCullock	Autopsy results
17. Burial Date thereof Goods) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location glancas, ned	Injured at home, farm, industry, public place (where?)
18. Funeral director Landon M Boooks	Means of Injury Injured at work?
Address Sparles mel.	23. SIGNATURE MOSGE G. Merrill MD
19. Sept 15 19 45 ana Price (Date rec'd by registrar) Registrar	Address Baldwin Md. Date signed 9/15-/4





2411 N. Charles St., Baltimore 93-4

68825 P

CERTIFICAT	TE OF DEATH Reg. Diat. No. 32
1. PLACE OF DEATH County Guysburg Hor	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Herman hu	3. (b) Social Security Number
4. Sex M. 5. Color or race 6.(a) Single, married, widowed, or divorced W. Wildowee	MEDICAL CERTIFICATION 2D. DATE OF DEATH. MEDICAL CERTIFICATION 19 / J 21 / A 1
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h. alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
800 2 13 hrs) min.	1) - arter selevite 577.
8. Birthplace (Town, county, and state)	Due to
10. Usual occupation	Due to
12. Name	Dther conditions
14. Maiden name Mayhelgahi 15. Sirthplace) Huwaw.	(Include pregnancy within 8 months of death) Major findings of operations
18. Informant Att. Courds augsburg burns.	Antopsy results
Address . Compefula Rd	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal Which?) (Burial, eremation, or removal Which?) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory delivible	Where did injury occur?
18. Funeral director L. Heemann Ton	Means of Injury Injured at work?
Address 32 S. Brondway	23. SIGNATURE last F. Phambers, M.Q
19. (Date feed by registrar) 19. (Date feed by registrar)	Address 410 f- Fibrity At L Date signed 9/34/45

1. PLACE OF DEATH:

causes

ADING INK, Supply every item Physicians: please write the caus

WITH UNFA

PLEASE WRITE PLAINLY, ' VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-LU

2. USUAL RESIDENCE (HOME) OF DECEASED:

Registrar Address Fort Howard Md. Date signed 9-24-45

CERTIFICATE OF DEATH

Reg. Dist. No.

County Balti	more		(For newborn infants give residence of mother)		
City or town			State Maryland County	***************************************	
			City or town		
How long in above place	ce of death?	Days		earest town)	
Rospital, Institution, o	or street address where	death occurred: Howard, Maryland	*11.04. IIV		
			(If rural, give LOCATION)	1/	
How long in hospital	or Institution?	Days	2.(a) If veteran, name war.		
3. (a) FULL NAM	4E		3. (b) Social Security	y Number	
	GE	ORGE F. MILLER			
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Widowed			
		1	2D. DATE OF DEATH. September 24, 19.45		
S. (b) Name of his Mad	Wido	wed	21. I CERTIFY that death occurred on the date above stated; that I attended dec		
		6.(c) If alive, give ageyears	September 19, 1945 to September	r24,1945	
7. Birth date of			and that I last saw himalive on September 24,	1945	
deceased (mo., day,			Immediate cause of death	DURATION	
8. AGE: Yea		Days If less than one day	Lymphoblestona	****	
51		14hrsmin.			
a Rirthniana E	eltimore, (Town,	Maryland	Due to	***	
1D. Usual occupation			Due to.		
			500 (0	1	
			Other conditions		
12. Name Henry Miller 13. Birthplace Germany				*** *********************************	
C. 13. Birthplace			(Include pregnancy within 3 months of death)		
14. Maiden name Sherman Miller St. Birthplace Maryland			Major findings of operations		
15. Birthplace	Maryland		Date of op.		
	inical Rec	ords, Vets. Adm. Fac.	Autopsy results		
F	ort Howard		PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	OI O HOWAL G	0	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial (Burial, cremation, or removal, Which?) Date thereof. Seft. 27, 1945 (Burial, cremation, or removal, Which?)			Accident, suicide, or homicide Date of	000000000000000000000000000000000000000	
Cemetery or crematory Louden Park Cemetery					
Baltimore, Md.		more, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Ocher Ferresal Home Isra			Means of Injury Injured at work?		
18. Funeral director.					
Address 4644 York Rd., Balto., Md.			23. SIGNATURE CLANGE LLEN		
19 Sept 25 19 & Outle Lyile			A.M. BALTER, LT. COL., M.C. 'GB		
(Date rec'd by a	registrar)	Registrar	Address Fort Howard Md Date signed	9-24-45	

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and the

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

		3	0
Diet	No		-

.. Date signed. 9-

CLRITICAL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or rate 6.(a) Single, married, wildwed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 17 19.45, at 5 15 14 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ALL AND 3 19. 45 19. 45 and that I last saw h / 77. allye on September 19. 45 Immediate cause of death DURATION The same of death DURATION Due to Hupper terms in a carrain September 2 yes.
10. Usual occupation 11. Industry or business Yellow 12. Name	Due to Genevalized arterios cleros 32 yrs Other conditions ROSTATIC HYPERTRAPHY TENENTIA PRAFCOX (Include pregnancy within 8 months of death) Major findings of operations. Date of op.
16. Informant Address 17.	Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. (Date recedby registrar) Address 19. (Date recedby registrar) 19. (Date recedby registrar)	23. SIGNATURE (MSKUR) . Melkalland M.D. or other Address

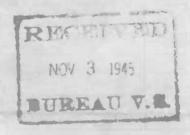
PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 894

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	6 2-1-
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 2 2 3 Parkwood Rd,
***************************************	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME James anthony 7	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. A. Single	20. DATE OF DEATH Sept. 22 19.48 21.3 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Sent 19 155 10 Ser 22 1045
7. Birth date of (1.1.1) 29 _ 19.4 =	and that I last saw here alive on Screet 22 19 5 II
deceased (mo., day, yr.) 8 A.G.E. Years Months Days It less than one day	Immediate cause of death Junes Throwlores 6 hours
8. AGE: Years Months Days It less than one dayhrsmin.	Jafras Juny Throntony 6 hours
Balles . and.	Due to OTERs Jucking
9. Birthplace (Town, county, and state)	Atti malia
10. Usual occupation	Due to.
11. Industry or business	000 (0
12. Name Provio museus 13. Birthplace Canada	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Handa Rynamenski	(Include pregnancy within 3 months of death) Major findings of operations
≥ 15. Birthplace muchingan	Date of op.
16. Informant Inco. Handa musener	Autopsy results.
Address 2-23 Parkwood Rd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B - 1 1 5 US	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burini, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Fort me ade n. C.	Where did injury occur?
Ind meade and.	Injured at home, farm, industry, public place (where?)
Location Al A Garage Alle	Means of injury Injured at work?
18. Funeral director	
Address 41 & Eastine Cios. Caret, nd.	23. SIGNATURE M. a. Jacob had
19. (Date rec'd by registrar) 19 4 5 Sthory 1. Growelly Registrar	Address 6/7 Froth pl Date signed 9/27/45
(Date rec'd by registrar) Registrar	Address Date signed



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED: (a) Baltimore City, Maryland (b) Street address 2 20 4 (c) Hospital or institution: (d) Street No. 2304 (d) Length of stay in hospital or inst. (yrs., mos., or days)... (e) Citizen of foreign country?.... (e) Length of stay in Baltimore (yrs., mos., or days). 2.2 und If yes, name country... clearly 3 (a) FULL NAME information 3 (c) Social Security Account 3 (b) If veteran, name was MEDICAL CERTIFICATION No.215-03-867 20. DATE OF DEATH. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or 21. I certify that death occurred on the date above stated divorced ... nes ed deceased from June 4 19 41, to 6 (b) Name of husband or wife Mho die and that I last sow here alive on. 6 (c) If alive, give age 60 years Immediate cause of death Duration 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Davs If less than one day 9. Birthplace ... UNFADING Physicians: p 10. Usual Occupation... 11. Industry or business Other Conditions **PHYSICIAN** (Include pregnancy within 3 months of death) Date of operation.... 13. Birthplace Major findings of operation:..... cause to which 14. Maiden Name. death should be charged statis-15. Birthplace of autopsy: no auto 22. If death was due to external causes, fill in the following: 16 (a) Informant. (a) Accident, suicide, or homicide..... especially (b) Date of occurrence... (Burial, cremation, or removal) (c) Where did injury occur? (month) (day) (year) (City or town) (c) Cemetery or crematory. Loudon Park (d) Did injury occur about home, on farm, industrial place, in public Baltimore Md. Location place?. While at work? (Specify type of place) Tickner & Sons 18 (a) Funeral directorilliam J. PLEASE (6) Means of injury (b) Address North & Pennsylvania Aves 23. Signature (Date rec'd by registrar) Date signed VS/150

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

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ery item of information carefully. The the causes of death clearly and legibly

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No.....

County Baltimore	(For newborn infents give residence of mother)		
	State Maryland County Baltimore		
City or town Fort Howard (If ontside city or town limits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give near		
How long in above place of death? 5 days	(12 octobre only or restrict the state of th	est town)	
Hospital, Institution, or street address where death occurred:	Street No. 604 N. Fulton Street		
Veterans Administration Facility	(If roral, give LOCATION) 2.(a) If veteran, name war World War I		
How long in hospital or institution? 5 days	2.(a) If veteran, name war. WOILU WAI I		
3. (a) FULL NAME	3. (b) Social Security N	Number	
RANZEL R. PEED	186031360		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married		F-30-	
Male White Married	20. DATE OF DEATH. September 9 19.45		
6.(b) Name of husband or wifeSally Peed	21. I CERTIFY that death occurred on the date above stated; that I attended decease		
6.(c) If alive, give age39 years	September 4 1945 , to Sept. 9	1945	
7. Birth date of	and that I last saw him alive on September 9	1945	
deceased (mo., day, yr.) July 9, 1897	Immediate cause of death		
8. AGE: Years Months Days If less than one day	TUBERCULOSIS, CHRONIC, PULMONARY,		
48 2hrsmin.			
a Birtholaca Virginia	Due to		
9. Birthplece	546 (7		
10. Usual occupationPainter	Due to		
11. Industry or business	Due to	***************************************	
	Dither conditions Luctic Heart Didease with	***************************************	
E 12. Name Lendon Peed 13. Birthplace Virginia	Dither conditions		
Z 13. Birthplace VII SIIIIA	aortic insufficiency (Include pregnancy within 3 months of death)		
14. Maiden name Martha Bisfane	Major findings of operations.		
14. Maiden name Martha Bisfane 15. Birthplace Virginia	Date of op.		
16 Informant Clinical Records, Veterans			
	Autopsy results		
Address Administration, Fort Howard, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Date thereof State 12 1946 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory Nashville National Cemetery	Where did injury occur?(City or town) (Connty)	(State)	
Location Madison, Tenn.	tnjured at home, farm, industry, public place (where?)		
	Means of injury Injured at work?		
18. Funeral director A. Lee Oder	26.20 1		
Address 4644 York Road., Balto., Md.	AfgRuhands		
19. Sept 1/19 49 (ew) bedrock H.	23. SIGNATURE. Y. RICHARDS, MAJOR, M.C. Acting MCP 1	mether Direct	
19. Sept 1/19 49 (elw) ledgede H. (Date rec'd by registrar)	Address Fort Howard, Md. Oate signed	9/10/45	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0)

1. PLACE OF DEATH: County Balto.				2. USUAL RESIDENCE (FIOIME) OF DECLASED: (For newborn infants give residence of mother)		
Rowhleshurg			***************************************	State Md. County Balto.		
City of 10WR			URAL and give nearest town)			
			5	City or town. Fowblesburg. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where	death occurred		Street No.		
			***************************************	(If rural, give LOCATION)		
How long in hospital or	Institution?			2.(a) It veteran, name war		
3. (a) FULL NAMI	E			3. (b) Social Security Number		
		ie Mi	ller Pitts			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Wod	cwed	9/23/41 1/1		
6.(b) Name of husband	or wite Henr	y S.P	itts	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from		
************			e) If alive, give egeyears			
7. Birth date of deceased (mo., day,)		3,18		end that I last saw hC.Ialive on		
8. AGE: Years		Days	It less than one day	Immediate cause of death. Density Density Duration		
77	8	20	hrs mln.			
9. BirthplaceB3	lto.Co.			Due to Asylas Consor		
	(Town,	county, and	itate)	DUC 10-15-10-10-10-10-10-10-10-10-10-10-10-10-10-		
1D. Usual occupation	Housevi	fe		- Exercise lever		
				Due 10.		
11. Industry or busines		lar		//		
F			***************************************	Dther conditions		
	Baltc.C			(Include pregnancy within 8 months of death)		
14. Maiden name. 15. Birthplace	Margare	t Ben	son	Major findings of operations.		
15 Pirthplace	Balto.Co			Major madings of operations. Date of op.		
T.						
			***************************************	Autopsy results		
Address Upperco, Md.				22. VIOLENCE: It death was due to external causes, fill in the toilowing;		
Burial Bota therent Sept. 25.1945			Sept. 25.1945	22. VIOLENCE: 11 death was due to external causes, in in the tollowing, Accident, suicide, or homicide		
Burial Burial Date thereot Sept. 25, 1945 (month) (day) (year)				Accident, suicide, or homicide		
Cemetery or crematory St. Paul's Luthern			thern			
Location Balto.Co.				Injured at home, farm, industry, public place (where?)		
				Means of labors		
18. Funeral director J. F. Hline & Sons				() WINDI		
Address Reisterstown, Md.				23. SIGNATURE THE THE THE THE THE THE THE THE THE TH		
0/11/1	/	6	isil E. Foroble 9m	M. D. or other		
19. 7	194.5	··· Youter	Registra	Address fles les lown ptg Date signed 9 /23/13		

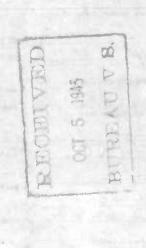


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163-H)

			/10	00			
A.,	P	D	Die	N. S	21	/	

	Neg. Diet. 140-tuakinuné
1. PLACE OF DEATH: OB.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
0	State 201. County Balls
(If outside city or town limits, write RURAL and give nearest town)	City or town Dewedalle,
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
2901 Hissofferd Ret,	Street No. (If rural, give LOCATION)
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Rose M. Prince	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDIÇAL CERTIFICATION
Fem Myli: Marriet	20. DATE OF DEATH
8.(b) Name of husband or wife Kury T. Price.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19.47 to 44.41
deceased (mo., day, yr.) June 5/1899.	and that I last say h
8. AGE: Years Months Days It less than one day	Supression
46 3 7nin.	, , , ,
9. Birthplace Startlery NO	Due to The Brown
(Town, county, and state)	(Secondary) - C
1D. Usual occupation.	Due to.
11. Industry or business Advised . One Coarthy	
12. Name	Other conditions
14. Malden name Mary Rolly.	(include pregnancy within 3 months of death)
15. Birthplace Selection	Major findings of operations.
16, Informant Prog 7, Promise	Autopsy results.
Address 2901 Deenglow Rd.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17 Bound Date thereof Sepy 18145	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or removai. Which?) (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory	Where did Injury occur?
Location Bullo.	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Means of Injury 200. Injured at work?
Address Hollow & florial Pho	a consume to moarmone mas
18. 9/14/4/15 Dombaris	23. SIGNATURE COMPANY SPICE. CALL OF OTHER



The correct age

VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /9.

CERTIFICATE OF DEATH

Reg Dist No.

... Date signed. 9-19-45

			ace. Disci ito anni		
1. PLACE OF DEA	TH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place Hospital, institution, or Vets.	of death? 23 street address where Fac For	ard mits, write RURAL and give nearest town) Days death occurred: t Howard, Maryland Days	State Maryland County C.Q.		
3. (a) FULL NAME			3. (b) Social Security	Number	
	HENR	Y J. RAESLER			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Married	20. DATE DF DEATH September 19 19 45	at.215P.#	
		a T. Raesler 6.(c) It alive, give age 44 year	21. I CERTIFY that death occurred on the date above stated; that I ettended decease and that I last saw him alive on September 19.	r 19945	
deceased (mo., day, years	r.) 10-6-	1898 Days If less than one day	Immediate cause of death	DURATION	
46	11	13hrsmin.	active	Unknown	
9. Birthplace	Tallyman	Maryland connty, and state) (Railroad)	Due to		
12. Name	gust Raes	ler	Dther conditions Malnutrition		
44	Anna 2		(Include pregnancy within 3 months of death) Major findings of operations.	***************************************	
15. Birthplace	•		Date of op		
16. informantCli		ords, Vets. Adm. Fee. ward, Md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
	Baltin Baltin	Date thereot	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)	
1B. Funeral director	Wm. C		Meens of injury Injured at work? 23. SIGNATURE.	elen dir	

Registrar

Ft. Howard, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-2)

			CERTIFICA	TE OF DEATH	Reg. Dist. No.	
1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DEC		
City or town				City of town		
How tong in hospitat or I	nstitution?	***************************************		2.(a) If veleran, name war	••••••••••••	
3. (a) FULL NAME	AGN		TH RAILTON	3.(3. (b) Social Security Number	
4. Sex	5. Color or race	B.(a)Single	e, married, widawed, or divorced	MEDICAL CERTI		
F	W	Si	ngle	20. DATE DF DEATH Sept/27,	19 45 at 7:00 A	
6.(b) Name of husband or wife				1040	10 Def D. Z.7 1945	
8. AGE: Years	Mooths	Days	It less than one day	Immediate canse of death		
66	6	17	hrs			
11. Industry or business 12. NameRob 13. Birthplace	none ert Railt Scotla	an		(Incinde pregnancy within 3 months	of death)	
14. Malden name Bethiah Arthur 15. Birthplace Scotland				Major fiediogs of operations		
18. Informant Mrs. Frederick Gittings Address Catonsville, Md. Cremation Dale thereot 9/29/45 (month) (day) (war)				Autopsy results	ath shoold be charged statistically. I in the tellowing: Date of	
Cemetery or crematory Loudon Park Crematory Balto., Md.				Where did injury occur?		
18. Funeral director		CKNER	& SONS	Meaos of Injury 23 SIGNATURE ILL S. T. S.	Injured at work? Salla 17.6 M. D/or other Date signed 7-25-45	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 126

CEDTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.		
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
How long in above place of death? 96 days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Veterans Adm. Facility Ft. Howard, Md.	Street No. 4920 Curtis Avenue (If rural, give LOCATION) WW-1		
How long in hospital or institution? 96 days			
	2.(a) If veteran, name war		
James Joseph RASKA	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Malé White Divorced	20. DATE DF DEATH. September 23 19.45 at 12:30A.		
6.(b) Name of husband or wife Divorced	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19. 45. to Sept. 23. 1945. and that I last saw h. im. alive on September 23. 19. 45.		
deceased (mo., day, yr.) 4/13/1900	Immediate cause of death Intrabdominal DURATION		
8. AGE: Years Months Days If less than one day 45 5 hrsmln.	Hemorrhage unknown		
9. Birthplace Curtis Bay, Maryland (Town, county, and state) 10. Usual occupation U.S. Deputy Marshall 11. Industry or business	Due to Postoperative cholecystectomy Due to		
	Ditter conditions Chronic glomerudonephritis		
12. Name. James Raska 13. Birthplace Bohemia			
# 14. Maiden name Mary Dvorak	with associated hypertension unknown (Include pregnancy within 3 months of death)		
14. Maiden name Mary Dvorak 15. Birthplace Bohemia 16. Informant Clinical Records, Vet. Adm. Fac.	Major findings of operations Cholelithiasis Date of op. Sept. 21, 19.		
16. Informant Clinical Records, Vet. Adm. Fac.	Autopsy results Confirm the above		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Ft. Howard, Maryland 17. Burial Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, flil in the tollowing; Accident, suicide, or homicide		
Cemetery or crematory altimore Nattonal Cemetery	Where did injury occur?		
Frederick Road	Injured at home, farm, industry, public place (where?)		
Location	Means of injury Injured at work?		
18. Funeral director. Charles E. Schimunek	R. G. Balta au 4.0. Elele		
Address 2601-03 East Madison Street	23. SIGNATURE. A. M. D. D. OTOLO, M. C. M. D. or other		
19. (Date rec'd by registrar) Registrar	Address Ft. Howard, Md. Date signed		

PLEASE

1 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

2 HOHAL DECIDENCE (LLOBATE) OF DECEASED

Reg. Dist. No. ...

County	City or town. (If outside city or town limits, write RURAL and give nearest town) Size No. 7.30.2 (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME Edward Scott Reese	3. (b) Social Security Number 217-07-35-78		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1945 at 1137. 6		
6.(b) Name of husband or wife Lauka C. Celso 7. Birth date of deceased (mo., day, yr.) Girel 20th 1896	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from 19		
8. AGE: Years Months Days It less than one day 4. 9 4 2.3	Immediate cause of death Affait desease rasissar 9/13/45		
8. Birtholoce Maryland (Town, county, and state) 10. Usual occupation Martinian Capture Capt	Due to Garany disease with purrous 3 yrs		
11. Industry or business 12. Name Winfield Reese 13. Birthplace Manual	Other conditions		
t4. Maiden name Variation	(Include pregnancy within 3 mouths of death) Major Sudings of operations		
18. Informant Mis Edward S. Ressenderes 9302 Hasford Road	Autopsy results		
(Burlal, cremation, or removal. Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cometery or cremator & altimore national Cinetery	Where did injury occur?		
18. Funeral director assam Finner & Some Address 7401 Belair Road	Means of Injury Anjured at work?		
19. 9/15 10. 45 9.M. Bason (Date rec'd by registrar) Registrar	Address Dave 4, M. Date signed 14/45		

SEP 18 19 BUREAU W.

2411 N. Charles St., Baltimore 46-9



	, e to		CERTIFICAT	E OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: County Baltimore City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Vets. Adm. Fac. Fort Howard, Maryland How long in hospital or institution? 17 Days?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	arest town)
3. (a) FULL NAME	PRESTON R			3. (b) Social Security	Number
4. Sex Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH	., at .1.245A M
	33 07 0	6.(c	nolds	21. I CERTIFY that death occurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated; that I ettended doccurred on the date above stated in the date above stated on the date above stated o	er 10, 194
55	9	13	hrs min.	Carcinoma of the Pancreas with metastasis	Unknown
9. Birthplace	Mechani	C		Due to	
13. Birthplace	Deleware Annie E. W	rights	lds	(Include pregnancy within 3 months of death) Major findings of operations	
16. InformantCli	Daniel, Md nical Reco Howard, M	rds, I	Vets. Adm. Fac.	Antopsy results	-5-45
17	or renteval. Which?)	dr	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
		Inc.		23. SIGNATURE H. Y. RICHARDS, MAJOR, M.C. ACB.	
19(Date reo d by reg	istrar)		A Registrar	Address Ft. Howard, Md. Date signed	9-10-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

08838 **Reg. Dist. No. 30

1. PLACE OF DEATH: County Baltimore City or town Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Galatian Home How long in hospital or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Md. county Baltimore		
				City or town Pikesville (If outside city or town timits, write RURAL and give nearest town)		
3. (a) FULL NAM	ME	Benjan	nin Franklin Rhoo	3. (b) Social Security Number		
4. Sex	5. Color or race		e, married, widowed, or divorced			
Male	White		idowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. September 4 19 45 21 3.30		
			Rhodes c) It alive, give ageye 357	1) 19 43 to July 4	19.7.1	
8. AGE: Yea		Days	It less than one day		URATION	
8	38	25		ıln.		
9. Birthplace	Philadelon (Town.	ia, Pa.	tate)		*************	
10. Usual occupation		d – Che	mist	Due to.		
	Charles		Pa.			
Y 13. Birthplace Philadelphia, Pa. Hinknown 15. Birthplace Philadelphia, Pa.				(Include pregnancy within 8 months of death) Major findings of operations.		
			Pa.			
	4 Sherwood) Pikesville	Autopsy results		
17Bur (Burial, crematic	jal m, or removal. Which?	Date there	ot Sept. 6,1945 (month) (day) (year) emetery	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	······································	
18. Funeral director. Address 4.51	10000	La	voreaus	Means of injury Injured at work?		
19(Date rec'd by r	315 115	- 2	1. P. Condiera	23. SIGNATURE 4. Address 3921 Edmondson Ave. Date signed 2	4,-	



2411 N. Charles St., Baltimore Bra

CERTIFICATE OF DEATH

08830 Reg. Dist. No. 38

,	Reg. Dist. No.
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town TOWS On (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	
323 Lenox Ave.	Street No. 323 Lenox Ave. (If rural, give LOCATION)
Now long in hospital or institution?	(11 Furnit, give LOGATION)
3. (a) FULL NAME	
Annie Richardson	3. (b) Social Security Number
4. See 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored Widow	20. DATE OF DEATH September 26 19.45 21 12:30.
6.(b) Name of husband or wife	21. I DERTIFY that death occurred on the date above stated; that allended deceased from
	June 1 10 KS 12 Jeft 76 19 KS
I. Birth date of deceased (mo., day, yr.) January 15, 1872	enthat I last saw h. alive on 19 7
8. AGE: Years Months Days If tess than one day	Immediate cause of death DURATION
73hrsmin.	Condition of the same
9. Birthplace Maryland (Town, county, and state)	Due to
10. Usual occupation Domestic	
11. industry or business	Due to
Boardley	20 4 20
13. Birtholace Md	A
	(Include pregnancy within 3 months of death)
14. Malden name Unknown 15. Birthplace Md.	Major findings of aperations.
15. Birthglace Md.	Bate of op.
18. Informant Mrs Rachel Scott	Autopsy results
Address 323 Lenox Ave.	PHYSICIAN: Please underline the canse to which death should be charged statistically.
	22. VIOLENCE: 11 death was due to external causes, fill in the following;
Burial Burial Bate thereof Sept. 29, *45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Pleasant Rest Cem.	Where did injury occur?
tocation Baltimore, Co., Md.	
18. Funeral director Mrs Frances A. Hemsley	
Address 578 W. Biddle St.	23/ SIGNATURE XICO Se . Lecomon
10 4/20 145 Wellast askou	M. D. or other
19,18	Address 2327 feel date signed 32

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VS A15

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	efully
	on car
	WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and it
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MARGIN RESERVED FOR BINDING	item caus
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OR	everite
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RE	ians
Z	INC
RG	AD
MA	UNE
1	WITH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

08840 8 Reg. Dist. No. 30

CERTIFICATE OF DEATH

1. PLACE, OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Jacks Market County Jacks County Jack	(For newborn infants give residence of mother)
City or town	State County County
How long In above place of death?	(if ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No. 3 4 Madde (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Lamis & C	indan rong
4, Sex 5, Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Mole Male Massid	2D. DATE OF DEATH 19.45 at 10 40 M
B.(b) Name of husband or wife Annie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) If alive, give age	300 1V 19 TO, to 9 3 19.43
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
77 7 26hrsmln.	Coronery Thrombon: 1/2 hes
Batterese mil	
9. Birthplace (Town, county, and state)	Due to Cardio-Vascular Kenal Disuse 5 415
10. Usual occupation Lather	Due to.
11. industry or business	
12. Name Sulfa Sul	Dther conditions
14. Maiden name athussing ostillo	(Include pregnancy within 3 months of death)
15. Birtholace Pulando	Major findings of operations. Date of op.
(Amaia (Amdan)	Antopsy results.
16. Intermant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 39 / fad TV4 afonsuls 14	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnriai, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory AMA Called A Company	Where did injury occur?
Location The transmission All	Injured at home, farm, Industry public place (where?)
18. Funeral director Thilliam South Since	Means of Injury Injured at work?
Address (12/1/ At Voul of	Torge (Ulban Md.
19. Lepet 7 19 45 aufledone	23. SIGNATURE M. D. or getter 5 - 4
(Date would be accompany)	Bala signed

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

08841

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and Negibly.

	CERTIFICAT	E OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: imore County	-28,1945	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n State	write RURAL and give nearest town)
Female White Ma 6.(b) Name of husband or wife Jake full (0.00) 6.(c) Name of husband or wife Jake full (0.00) 6.(c) Name of husband or wife Jake full (0.00)	ed, widowed, or divorced wild alimitation of the state	20. DATE OF DEATH	25 10 Deff 7 1945
27 11 7-1	ess than one dayhrsmln.	and that I last saw h	DUBATION (CASA)
11. Industry or business 12. Name. January 13. Birthplace Mary Superior 14. Maiden oame Mary Superior 15. Birthplace Mary Superior 15. Birthplace Mary Superior 16. Wastername Mary Superior 17. Birthplace Mary Superior 18. Birthplace Mary Superior 19. Birthplace Mary	1.0.0	Other conditions (Include pregnancy within 3 m	
16. Informant Personal History, Ho Address Eudowood Sanatorium	0,01,45	Arepsy results	
Cemetery or crematory. Woodlawn Location Woodlawn Ma 18. Funeral director. Solution C. Muller 18. Superal direct	(mouth) (day) (year)	Accident, suicide, or homicide	(County) (State)
Addressed 405 - E. Charles 19. 9-2 (19ate ree'd by registrar)	Hebrell Registrar	23. SIGNATURE MALLES MAD	ryland M. D. or or of the signed

UNFADING INK. Supply every item of information carefully. The correct age cant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1626)

08842

		. 0	0	I	N	
Reg.	Dist.	No.				

CERTIFICATE OF DEATH

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County			••••••••••••••••••	State Maryland County		
City or town. (If outside city or town limits, write RURAL and give nearest town)			URAF, and give negreet town)			
				City or tewe Baltimore (If outside city or town limits, write RURAL and give nearest to	own)	
Hospitat, Institution, or	street address where d	leath occurred	:			
812	Regester A	ve. (A	rmacost Nursing	Street No. Blackstone Apts., Charles & 3	ard.	
New long to bosoltal or	r Institution?		Home)	2.(a) If yeteran, name war	1	
3. (a) FULL NAM				All control of the co		
J. (a) I OLL IVAII		ATTO CA	T. I. ATTION DITTO ATTI	3. (b) Social Security Numb	er	
4 600	5. Color or race		LLAGHER RUSSUM			
4. Sex		b.(w)single		MEDICAL CERTIFICATION		
Female	White		Married	20. DATE OF DEATH	8:30 P _M	
	Th om	as Hou	ston Russum	21. I CESTIFY that death occurred on the date above statod; that tattended deceased fr		
6.(b) Name of husband	or wife	<u>as 110u</u>	5 COLL MASSAIL	5/14/44 1944 10 9/5		
7. Birth dale of	••••••	B.(c	e) If alive, give agoyears	and that I last saw h	10 45	
deceased (mo., day,)	m.) March	30, 1	862			
8. AGE: Years		Days	If less than one day	Immediate cause of death	DURATION	
83	5	5	hrsmlo.	J. Milely		
	1		1) + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +	
9. Birthplace	ayton, Ohi	Q	tate)	Due to.		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Due to		
11. industry or busines						
12. Name James Gallagher				Other conditions	010010000000000000000000000000000000000	
13. Birthplace Va.				(Include pregnancy within 3 months of death)		
# 14. Malden name.	Unkno	wn	***************************************			
14. Malden name. 15. Birthplace	n			Major findings of operations.		
16. Informant M.C.	Thomas H	ouston	Russum	Autopsy results		
Addross Bl	ackstone A	pts.,	Balto. Md.		icany.	
			9 , ,	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) Oate thereof 8/8/45 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	,	
Cemetory or crematory Greensboro,			lonion 2	Where did injury occur?	ite)	
Localion Greensboro, Md.			Md.	Injured al bome, farm, Industry, public place (whore?)	de all	
Location	www t may	ר ווועדים	L CONC	Moans of injury Injured at work?		
18. Funeral director WM. J. TICKNER & SONS			@ 50N0	(h) //		
Address / Baltimore, Md.				23. SIGNATURE MARLYS C. Joed borro		
6/8	KI	4	In Reduck	23, SIGNATURE M. D. or oth	er	
19. (Date recall by re	gistrar)		D Registrar	Address 2923 ST aul at Date signed 9	1/7/4	
					- 1	

118844	
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CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County (1f outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 950.3 (If rural, the LOCATION)
How long in hospital or institution?	2.(a) If veteran, dame war
3. (a) FULL NAME Alexander James	3. (b) Social Security Number 2/6-0/-936/
4. Sex 5. Color or race E.(a)Single, married, widowed, or divorced W married	MEDICAL CERTIFICATION 20. DATE OF DEATH September 2 8 19 455, at
6.(b) Name of husbaod or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 20. 1845 to Sept. 27. 19.45 and that I last saw have alive on Safat 27. 19.45 Immediate cause of death. Auricular Fribullation DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation October Published.	Due to age and arteris selection
11. Industry or business 12. Kame Sinhplace 13. Birthplace	Other conditions
14. Malden name Rowers ? 15. Birthplace 16. Informant Man Osa S. Sinolain	Major findings of operations
Address 9503 Margard Hold 17. (Burial, cremation, or removal, Which?). Cemetery or crematory Canada Margard Method (Jay) (year)	PHYSfcfAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Sendal Address 5305 Partial Ted	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
19. 9-29 1945 auteduch Registrar)	23. SIGNATURE M. D. or other Address. Woogan to Botto / Date signed 9-29-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

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				VI		

CERTIFICAT	TE OF DEATH Reg. Dist. No. 43
1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
3. (a) FULL NAME	3. (b) Social Security Number
Charles O. Smick	2/2-05-633/
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH Sefet. 16 th 1945, at 8 a. N
6.(b) Name of husband or wite water & Santick	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) aug, 4th/876	and that I land saw h. La slive on long from the same to the saw h. La slive on long from the same to
8. AGE: Years Months Days If less than one day 69 / 12	Immediate cause of death DURATION
9. Birthplace Baltimora maryland (Toya, county, and state) 10. Usual occupation Characteristics	Due to. Due to. Due to.
11. industry or business Gos V Eleo. Co.	Due to TONN
12. Name Walliam O. Smick 13. Birthplace Rollingson, Marshand	Dther conditions
14. Maiden name Hances Feed Ach	(Include pregnancy within 3 months of death) Major findings of operations.
\$ 15. Birthplace Cellymore, Maryland	Date of op.
16. Informan Wis Chang. Co. Swick	Antopsy results
Address 109 Chesley ave Overlea	
(Burial, cremation, or removal, Which?) Date thereof, (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Battimure Complety	Where did injury occur?
Location Calleman Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director and the Influence of the said	Means of Injury Injured at work?
Address 401 Belair Road	23. SIGHATURE XX d (/dxx/com
19 Sept. 19 10 45 hus, a. Reismider	23. SIGNATURE M. D. or other

Registrar

Address.

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Aug), 19 (Date ec'd by registrar)

19 40



CERTIFICATION OF PRATECTORS AND PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE PARTY

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

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			CERTIFICA	IE OF DEATH	Reg. Dist. No	TT	
1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)	,	
City or town				State Maryland County County City or town City or town limits, write RURAL and give nearest town) Street No. Edgewood, Md. (If rural, give LOCATION)			
3. (a) FULL NAM		ODOR O	RET MEY		3. (b) Social Security	Number '	
4. Sex	5. Color or race	ORGE S	tle, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Male	White		Single		19	at 7 200 P.M	
		6.	(c) If alive, give ageyear	21. I CERTIFY that death occurred on the date above september 1	tember 19, 194	eased from 219,19.45	
8. AGE: Years 56		Days	If less than one day	Immediate cause of death	11. Far. Adv.	1 Yr. Plu	
1D. Usual occupation	Chauffe	r	state)	Due to	***************************************	1 1000000000000000000000000000000000000	
				Diher conditions Tuberculosis I			
	Pennsylvan			Tuberculosis (Include pregnancy within 3	nonths of death)		
臣 14. Malden name.	Lula Smi	th		Major findings of operations			
15. Birthplace	Pennsylv	ania		major madings of operations			
16. InformantClin	Ft. Hows	rd, Md		Antopsy results	hich death should be charged		
17 Buria	, or removal. Which	Oate the	reof (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide		*****	
Cemetery or cremate	Baltin	ore Na	tional Cemetery	Where did injury occur?(City or town)	(County)	(State)	
Location	Baltin	ore, M	d.	Injured at home, farm, industry, public place (w	here?)		
1B. Funeral director				Manua of Intions	Injured at work?	MM	
Address		ork Ro	ad., Balto., Md.	amBa	Oles.		
19. Q	2 19 4 3		an Hedre		COL., M.CW. IC	EIN DIR. 9-20-45	

Red () 15 their of the second of the TENESCE THE STORY deed large family, deliver, int.

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2411 N. Charles St., Baltimore 30

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CERTIFICAT	E OF DEATH Reg. Diat. No. 30
1. PLACE OF DEATH: County Back or Mal-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County County County County County County County County or town County Co
How long in above place of death?	Street No
How long in haspital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME HELEN SM	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Them als Colored Married	MEDICAL CERTIFICATION 20. DATE OF DEATH SELF 244 19.45 at 1/238 M
6.(b) Name of husband or wife	21. I AERTIFY that death occurred on the date above stated; that I altended degreesed from 19.44, to 42.44 19.45
7. Birth date of deceased (mo., day, yr.) RACE Years Months Days If less than one day	Immediate cause of death DURATION
	Carcinoma of 1 m
9. Birthplace & electt City and syste)	Due to FEFF DIEST 9 MMD GOLUND
1D. Usual occupation	Due to
12. Name Hrank Wallace	Other conditions
14. Malden name. Catherine Doney 15. Birthplace Mod	(Include pregnancy within 8 months of death) Major findings of operations
\$ 15. Birthplace	Date of op.
Address & Roberta Gal	Autopsy results
17. (Burial, cremation, or removal. Which?) Date thereof. Supt 28 - 45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Western Stars.	Where did injury occur?
Location Backtanatel Co. Did.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 578 W Biddle H.	Cot Malone m D
19. (Date ree'd by rygistrar) 18 45 Double for 1 18 19 19	23. SIGNATURE M. D. or other M. D. o

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PLEASE WRITE PLAINLY, WITH UNFADING FNR. Supply every item of information carefully. The or is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore (131-2)

			CERTIFICA	TE OF DEATH	Reg. Dist. No		
1. PLACE OF DEA				2. USUAL RESIDENCE (HON (For newborn infants give resid	AE) OF DECEASED:		
City or town			and URAL and give nearest town)	State Manyland County Baltimore			
How long in hospital or	Institution?			(If rus	ral, give LOCATION)		
3. (a) FULL NAME		rt E.	Stromberger		3. (b) Social Security Non		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICA	AL CERTIFICATION		
Male	White		Widowed	20. DATE DF DEATH	ember 13 19.45	at 7.50P.M	
B.(b) Name of husband of 7. Birth date of) If alive, give ageyears	21. I CERTIFY that death occurred on the	19.45, to Sugar	131945	
deceased (mo., day, yr	Months	gust 2	3 7863	Immediata cause of death		DURATION	
8. AGE: Years 82	O	20	hrs	alun	chrotie		
9. Birthplace 10. Usual occupation 11. Industry or business	Stat		ryland tate) Engineer	Due to Carde			
12. Name	George		erger Germany	Dther conditions		***************************************	
14. Malden name	Margar	et		Major fiadiugs of operations			
	irs. John	F. Bro	W20.	Autopsy results		************************	
Address	2705 Ma	ple Av	enue	PHYSICIAN: Please underline the cau		statistically.	
17 Burial (Burlal, cremation,	or removal. Which?	Date there	of Sept 15, 10/5 (month) (day) (year)	22. VIOLENCE: If death was due to ext Accident, suicide, or homicide	Date of		
Cemetery or cremator	, Gre	enmoun	<u> </u>	Where did injury occur?(City or	town) (County)	(State)	
Location			aryland	Injured at home, farm, Industry, public ;	place (where?)	•••••	
18. Funeral director	William 1217 St		-inc.,	Means of Injury	Injured at work?	1	
19. 9-/ (Date rec'd by reg	F 19F	TE	Tayled Registrar	Address & LOO H	M. D. M. D. M. Date signed	or other 9/14/45	

MARGIN RESERVED FOR BINDING UNFADING INK. PLAINLY, v is especially PLEASE WRITE

important.

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information carefully.

N. B.—WRITE PLAINLY, WITH UNFADING ING THIS IS A PERMANENT RECORD. Exary item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING V. S. No. 1

RI	_ 2/	MARYLAND-	CERTIFICATE OF DEATH	P
1.	County Taltemine	7	(B) (a)	, J
	Village or City Rose da	00	No Dalton Gal VPhiladella	1. 00
		()f	death occurred in a horpital or institution, give its NAME instead of speet and a	
	Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of foreign birth? yrs. mc	osds.
2.	FULL NAME College	beth G. C	SV-000 CLU (LIISKOK) Y)	
	(a) Residence: No. Oalton a	(Usual place of abode)	liting Roa ward. If nonresident give city or town and	C
	PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	State
3. SE	X 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH & 25	1934/5
5a. If	married, widowed, or divorced HUSBAND of (or) WIFE of	The Swood 4	22. I HEREBY CERTIFY, That I attended	deceased from
6 D	TE OF BIRTH (month, day, end year)	- 12 1894	I last saw held alive on Sept 25 19 45°	, 19. 7.1. : death is said
7. AC		Oays If LESS then	to have occurred on the date stated above, et//: #7 /#/	, death is said
	50 9	13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
Z	8. Trade, profession, or particular kind of work done, as SPINNER,	-:/-	Cerebral Haemourbal	6 krs
E	SAWYER, BOOKKEEPER, etc	wwys	due to Hypertexant C-V	341
OCCUPATION	work was done, as SILK MILL, SAW MILL, BANK, etc		Dissal due to Chian	ie)
00 1	O. Oate deceased last worked at this occupation (month and	11. Total time (years) spent in this	reshorts	sque
	year)	occupation	Other Contributory Causes of importance:	(/
12. B	IRTHPLACE (city or town)	tiu n		4
8	3. NAME Les ours /	ncela		
FATHER	4. BIRTHPLACE (city or town)	,	Name of operation	
	(State or country)	A in last	What test confirmed diagnosis? Was there en a	
프	5. MAIDEN NAME (MA)	acen	23. If death was due to external causes (VIOLENCE) fill in also the following	
WO I	(State or country)	иша	Accident, suicide, or homicide? Oate of injury	, 19
17. 11	FORMANT Bardalfill (Address) Money cells	Good a	Where did injury occur?(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
18. B	URIAL, CREMATION, OR REMOVAL	9-29	Manner of injury	
	Place HOLY REDEEMERD	ate, 19 7.3	Nature of injury	
19. U	NDERTAKER FRANK GAV. (Address) 900 4 6 6	ackson	24. Wes disease or injury in any way related to occupation of deceased?	no
20. F	LED 9/27 , 1945	My Registrar.	(Sined) Ray Rd, Balting	M. O.
	If more blank	s are needed, address State Registrar,	2417-N. Charles Street, Baltimore, Jequesting V. S. No. 1.	ind

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH	Manual			2. USUAL RESIDENCE (HON	ME) OF DECEASED:	
City or town	le city or town li	mits, write R	UVAL and give nearest town)	State Md.	County Baltimon	
			n	(If outside city or to	own limits, write RURAL and give ne	arest town)
Hospital, Institution, or street				Signature Coturn Hill Rd nn Rouneswille		
Satyr_Hil	LLRd	nr. H	aynesville	. (If ru	ural, give LOCATION)	
How long in hospital or insti	itulion?			2.(a) If veteran, name war		
3. (a) FULL NAME	Mar	y	Tigg		3. (b) Social Security	Number
4. Sex 5.	Color or race	6.(a) Slogie	, married, widowed, or divorced	MEDIC	AL CERTIFICATION	
0	white	207 4	dowed	Sec-	+ 1 115	940 A
female				2D. DATE OF DEATH.	L. 6, 1945	
B.(b) Name of husband or wi	lfa	illia	n S. Tagg	2f. I CERTIFY that death occurred on th	e date above stated; that I attended doct	
7. Birth date of	••• ••• ••• ••• ••• ••• ••• ••• •••	6.(c) If alive, give ageyea	and fhaf I last saw halive on		19.45
deceased (mo., day, yr.)	April	1st.	1864		nel serenhues	
8. AGE: Years	Months	Days	If less than one day	The state of the s	levillar !	0/0/110
81	5	5	hrsml			
	altimor	e Md	.f.	The state of the s	en.	01.11
fD. Usual occupationH	ousewif	e e		Diego de la constante de la co		1/4 /
	36 , minte. 17 , 111, 111, 111, 111, 111, 111, 111,	3 *** Fix 0 ***********************************		Due to		1
ff. todustry or business					ngeg)	** ************************************
f2. NameW.	illiam.	Bobli	t.z	. Other conditions Beanelin	to chrose	10 300-
13. Birthplace U	nknown			(Include pregnancy		
Molden name D	ailev					
		******************		Major findings of operations		
	nknown				Date of op	
16. Informant	r. Sami	iel Ta	gg	. Autopsy results		
Address	OWSON I	२ म	D. 6. Md.		ause to which death should be charged	statistically.
nources	ONSOIL			22. VIOLENCE: If death was due to ex	xternal causes, fill in the following:	ine
(Burial, cremation, or r	amoval Which?)	Date there	Sept. 8, 1945 (month) (day) (year)	Accident, suicide, or homicide	Dale of	
					or town) (County)	***************************************
Location	Baltim	ore, 1	id.	Injured at home, farm, industry, public	place (where?)	
18. Funeral director.	ssahn	Ju.	reval Hone	Means of Injury	injured at work?	10
-(alair		120	1:41	Mix
All M	TAUL DI	ala II	4 8	23. SIGNATURE	my, mass	or other
19. (Days rec'd by registra	19.45 ar)	. 4	M Dacous	Address Town	Date signed	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) City or towe ... How long in above place of death?..... (If outside city on town limits, write RURAL and give near that town) Hospital, tostitution, or street address where death occurred: (If rural, give LOCATION) How long to hospital or lostitution?.... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sox 5. Color or race MEDICAL CERTIFICATION 20. DATE OF DEATH... 6.(c) If alive, give age 7. Birth date of decoased (mo., day, yr.) Months Years 8. AGE: If less than one day 9. Birthpiace...... (Town, county, and state) 10. Usual occupation... 11. Industry or business 12. Name..... 13. Birthotaco (Inclode prognancy within 8 months of death) 14. Malden name. Major findings of operations..... 1B. Informant PHYSICIAN: Please underline the cause to which death should he charged statistically. Address 22. VIOLENCE: If doalh was due to external causes, fill in the following: (Burial, eremation, or removal. Which?) Date thereof Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur?(City or town) (Coonty)

(Date rec'd by registrar)

0/0

Means of Injury

M. D. or other

Injured at work?

Injured at home, farm, Industry, public place (where?)

... Date signed

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83-0/ CERTIFICA 1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 6.(a) Single, married, widowed, or divocces 4. Sex 5. Color or race

If less than one day ...hrs.

9- 12-194 (month) (day) (year)

23. SIGNATURE.

M. D. or other

E OF DEATH	Reg. Dist. N	o
2. USUAL RESIDENCE (HOM (For newborn infants give reside State Maylon C	ence of mother)	nore
City or town (If outside city or town Street No O Guardania (If rura	o limits, write RURAL and gi	ve cearust town)
2.(a) If veteran, name war		
	3. (b) Social Sec 217-03-	
MEDICA	L CERTIFICATION	V
20. DATE OF DEATH. Dept	9 19.5	15.94 A
21. I CERTIFY that death occurred on the d	19 7 d 10 Noga	d deceased from
Immodiate cause of death	Grandial a 24 hours	DURATION 9-6-4
Due to		lula
Due to.		
	W. Balling Daniel Control	aul
Other conditions	thin 8 months of death)	aug
Other conditions		a.s.
Other conditions		
Other conditions	thin 8 months of death)	
Other conditions	thin 8 months of death) Date of op. to which death should be ch	
Other conditions	thin 8 months of death) Date of op. to which death should be ch	arged statistically.
Other conditions	thin 8 months of death) Date of op. to which death should be chernal causes, fill in the following:	arged statistically.
Other conditions	thin 8 months of death) Date of op. to which death should be che trial causes, fill in the following: Date of town) (County)	arged statistically.

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ADING INK. Supply every item of information carefully Physicians: please write the causes of <u>death clearly</u> and

7. Birth date of

10. Usual occupation... 11. Industry or business 12. Name..

13. Birthplace

14. Maiden na 0 15. Birthpiaço 14. Maiden name

8. AGE:

deceased (mo., day, yr.)

Years

(Borial, cremation, or pengyal, Which?)

Months

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

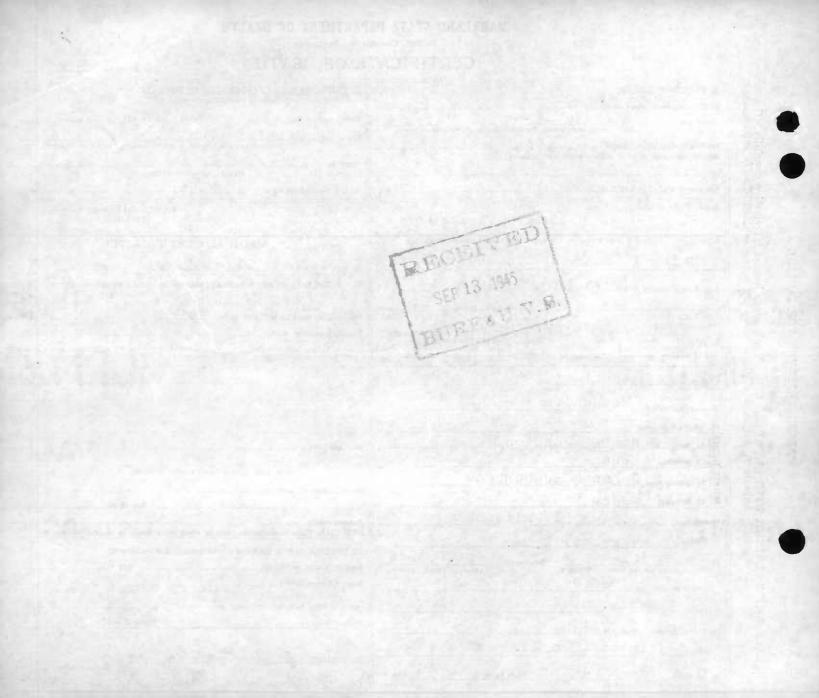
75			-	_	
Reg.	Dist.	No.	3	3	

			CERTIFIC	ATE OF DEATH Reg. Dist. No33	*******
City or town	stersto stelle city or town of death?	WN limits, write F V.F.6 death occurren	RURAL and give nearest town)	State Md. County Balto.	town)
3. (a) FULL NAME		Emma (C.Tillman	3. (b) Social Security Num	ber
Female 6.(6) Name of husband of	5. Color or race White	Wi	e, married, widowed, or divorced dowed illman	MEDICAL CERTIFICATION 2D. DATE DF DEATH September 6 19 45 et 21. I CERTIFY that death occurred on the date above stated; that I attended deceesed for	
7. Birth date of deceased (mo., day, yr. 8. AGE: Years		30,18 Bays 7	c) if alive, give age	and that I last saw har alive on I mmediate cause of death.	DURATION
X 13. Birthplace SV	Housewi nansen J veden	fe	n nson	(Include pregnancy within 3 months of death) Major findings of operations.	
Address (w. Buris (Buris, cremation, Cemetery or cremator, Location Ba.	ings Mil al or removal. Whiching Druid lto.Co.	ls,Md Date there Ridge		Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statist 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (Stalliqued at home, farm, industry, public place (where?) Means of injury Injured at work?	ically.
19. Sed . 8 (Date rec'd hy regi	19.45 strar)		nary B. Eliv	D T T h	er 8-45

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and begin VS A15

MARGIN RESERVED FOR BINDING

The correct age



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

CERTIFICATE OF DEATH

08854	Ť
- COOST	
og. Diat. No.	

	-					
1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Clare desc				State Md. Con	unty	***************************************
City or town(If o	outside city or town lin	its, write RU	JRAL and give nearest town)			
			***************************************	City or town Baltimore (If outside city or town limits	s, write RURAL and give near	est town) (
	street address where d			Street No. 1828 Bolton S	St.	0,00,00.00,000000
322	Central Av	9.	••••••	(If rural, give		,
		.,,,		2.(a) If veteran, name war		V
3. (a) FULL NAM	E				3. (b) Social Security N	umber
	Andı	rew H.	. Troeger		215-05-9832	
4. Sex	5. Color or race	6.(a)Single.	married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White		Married	20. DATE OF DEATH Sestimber	126 19.45	1 14:35 A.M
6.(b) Name of husband	or wife Marth	a M. T	roeger	21. I CERTIFY that death occurred oo the dale ahe		
		6.(c)	I1 alive, give ageyears	and that I last saw halive on		
7. Birth date of deceased (mo., day,)	March	5, 188	5	Immediate cause of death	The state of the s	
8. AGE: Years		Days	If less than one day	Immediate cause of death Landre	and Colon	DURATION
60	6	21	hrsmin.	May Land Xausal	Cour,	3 yrs.
a Sirthniace Ba	altimore, Mo	d.	ate)	Due to		2
o, on mparameter	(Town, c	ounty, and st	tate)			
10. Usual occopation	Retired		***************************************	Bus to		
11. industry or busines	Safe Dep	osit &	Transit Co.	WWB 10		***************************************
	indrew Troe	ger		Other conditions		***************************************
12. NameA	Germany	***************************************	8**************************************		and the second second	*******************************
	Pose Wrigh	ht		(Include pregnancy within 8	months of death)	
14. Malden name.	DD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		. 0.00 0.00.00.00.00.00.00.00.00.00.0	Major findings of operations	*******************************	188800000000000000000000000000000000000
15. Birthplace	Balto., Me	d.		***************************************		
16. Informant Mr	s. Martha	Troege	r	Autopsy results		
3.0	328 Bolton			PHYSICIAN: Please underline the cause to w		
- Audition			, ,	22. VIOLENCE: Il death was due to external car	uses, fill to the following:	
11. Burial Bate thereof 9/29/45. (Burial, cremation, or removal, Which?)			9/29/45	Seelders evielde or homicide	Rate of	
Draid Ridge Cem			e Cem.	Where did injury occur?(City or town)		
Cemetery or crematory				(City or town)	(County)	(State)
Location Pikesville, Md.			, MQ e	Injured at home, 1arm, lodustry, poblic place (w	rhere?)	
18. Funeral director. WM . J . TICKNER & SONS				Meaos of Injury	Injured at work?	
Address Balto., Md.				000	1. 70	
19. 1/29 19 45 a. W. Heaviele				23. SIGNATURE D. D. Cap	ues, M.D.	other
19. 7/2	9 19 45		E. II. Heavel	Printer Town		

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING-INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bd

08855

	CERTIFICAT	TE OF DEATH Reg. Diat. No. 32	
1. PLACE OF DEATH:	Pounts	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or lown	Le Dilbar d	State Maryland County Bullinos	
How long in above place of death?	nonths	(If outside city or town limits, write RURAL and give nearest town)) /
Hospilal, institution, or street address where death occur	red: Road	Street No. (If rurat, give LOCATION)	2
How long in hospital or institution?	A	2.(a) 11 veteran, name war.	********
3. (a) FULL NAME	ohn C	3. (b) Social Security Number 217-05-84	:06
4. Sex 5. Color or rage 8.(a) Sta	Married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH, September 19, 19,45, 21,10:	40 P
8.(b) Name of husband or wife Sarah	4. Tucker	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
7. Birth date of deceased (mo., day, yr.)	i.(c) If alive, give age	and that I last saw h. M. alive on	9
8. AGE: Years Months Days	If less than one day	Immediate cause of death DUR	RATION
9. Birtholace Baltimor	e Marylana	Due to Trong for	
10. Usual occopation.	files	Bue to.	
11. Industry or business	ned	Other conditions	
13. Birthplace Mary	land		
14. Maiden name Mary H 15. Birthplace Mary	Luch	(Include pregnancy within 3 months of death) Major findings of operations.	
1. / 4	estand.		
Address / 7/4/Reiserstown	Of reprovile	Antopsy results	r.
12	ereof (month) (day) (year)	22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory.	Park	Where did injury occur? (City or town) (County) (State)	100000000000000000000000000000000000000
Location Baltimore	Md	Injured at home, farm, industry, public place (where?)	
18. Funeral director		Means of Injury Injured at work?	
Address 2/0/ Frederig	allo gald 1	23. SIGNATURE M. D. or other	************
19	D'M Registrar	1/10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	/45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

08856

CERTIFIC	CALE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 1 Saltin Sil	(For newborn infants give residence of mother)
Cily or lown (If outside city or town limits, write RURAL and give nearest town)	State Management County County
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street Ho. Edmondan and Blad
4	(If rural, give LOCATION)
How long in hespital or instilution?	2.(a) If yeleran, name war
3. (a) FULL NAME Dernard He	ury Upman 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W Smale	20, DATE DF DEATH Sept 8 19 45-21
	21. I CENTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Name of husband or wite	9-8 19 41.5 10 9-8- 19.44
7. Birth date of	and that I last saw h alive on translation 19
deceased (mo., day, yr.) an 5 907	Immediato cause of death
8. AGE: Years Months Days If less than one day	
38 7 5nrs.	min. Eardro - Vascular Disease 3 yr
9. Birtholace Catawille and	Due to (Hypertensive)
(Town, connty, and state)	
10. Usual occupation Angelow De Mark De Mark	Due to
11. Industry or business	
12. Name Asslight Temperature 13. Birthplace	Other conditions
Z 13. Birthplace This,	
14. Maiden name Nathering & In Coma	(Include pregnancy within 5 months of death)
14. Malden name Jathering & In Coma 15. Birthplace	Major findings of operations.
15. Biringiace	Date of op.
16. Informant	Autopsy results
Address Edmonden Welder Calvurd	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Bate thereof (poonth) (day) (year	V 5
(Burial, cremation, or removal, Which?)	Where did labor occur?
Cemelery or cremalory	Where did injury occur?
Location Dellunol Tred	Injured at home, farm, Industry, public place (where?)
18. Funeral director a comard of tuch	Means of Injury Injured at work?
76 - 4/ 6 1 ///	999950
Address 6305 Harford K.	23. SIGNATURE N. D. Caples M. D. or other
19. 9/11 19 KS H.W. Hedr	ent porting and a last
(Date rec'd by registrar)	istrar Address Date signed 7

MARGIN RESERVED FOR BINDING

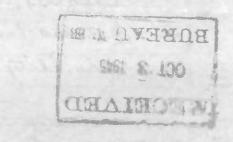
MARYLAND STATE DEPARTMENT OF HEALTH

Patent was my wried Sept 12 1945, Softe was breated at bily Hospitals for 14.2 nd degree burns of both arms and chest and lacenthions of the scalp, admitted for observation, same day of the injury of the scalp, admitted for observation, same day of the injury Duschar ged Sept 22, 1945.

2411 N. Charles St., Baltimore 83.P.

08858

CERTIFICA	TE OF DEATH Reg. Dist. No. 37
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
3. (a) FULL NAME John Vogel	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single Married, widowed, wid	1939 10 244 27 19 43
7. Sirth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 6.(c) If alive, give age	and that I last saw home alive on 9 26 19.23. Immediate cause of death DURATION 12000.
9. Birthplace	Due to Sentity
12. Name Wolf Vogel 13. Birthplace Stermany 14. Malden name Catherine altime 15. Birthplace Stermany 15. Birthplace 1	Other conditions
16. Informani Ballimae Co. Home Register Address Tefas, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death shoold be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which) Cemetery or crematory. It is considered to the constant of the con	Accident, suicide, or homicide
18. Funeral director Lally & Zeiles In . Address 4638. World It 19. 4 (Date /cc'd by registrar) 19. Registrar	Means of injury Injured at work? 23. SIGNATURE Cochey sirlls M. D. or other Address Address Address Address



2411 N. Charles St., Baltimore 106 av

(1885)

		,	
			20
-	Diet	No	32

		arles St., Baltimore 7060	(1885!)
	CERTIFICA	ATE OF DEATH	Reg. Dist. No. 32
How long in above place of death?	limits, write RUKAL and give nearest town) Life geath occurred:	(If outside city or town i	e of mother)
How long in hospital or institution?		2.(c) It votoran, name war	
3. (a) FULL NAME	rt Edward Walker		3. (b) Social Security Number
4. Sex 5. Color or race White	6.(a)Single, married, widowed, or divorced Single	20, DATE OF DEATH SILL 18	CERTIFICATION 1945 at 730;
7 Ni-th date of		ars and that I last saw h	le chore stated; that I attended deceased from 19.4 19.4 19.4 DURATIO
8. AGE: Years Months 0 2	Bays tf less than one day 24m		hateles fers he
	d • , county, and state)		340
11. industry or business 12. NameThomasWal	ker olina	Othor conditions	
	Adkins	Major fiediegs of operations	in 3 months of death) Date of op
16. Informani Thomas Walker Address Garrison, Md.		Autopsy results	to which death should be charged statistically.
17. Burial (Burial, eremation, or removal, Whice Cemetery or crematory. St. The	Date thereof 9 - 19 - 45 (month) (day) (year)	Accident, suicido, or homicide	Date 01
tocation Garrison For	rrest, Md.	tnjured at home, farm, lodustry, public place	ce (where?)
18. Funeral director Frank H. Newell Address Pikesville, Md.		Means of Intury	Injured at work?
9 - 19 45 19. (Date rec'd by registrar)	Dr. EE Nichols	23. SIGNATURE G.	M. D. or other M. D. or other Dato signed 9 - 18-0

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, '

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0



CERTIFICATE OF DEATH

118861 Reg. Diat. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 132 1220 CA	(For newborn infants give residence of mother)
7 . / /	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Deale
How long in above place of death? 14 Cla 45	City or town
Hospital, Institution, or street address where death occurred;	Street No
Spalling Grave State Trespela	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Perry A. Whitte.	ngton
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DF DEATH Sept 22 19.45 216:50 PM
B.(6) Name of husband or wile E Sie Knopp Whittington	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 52 years	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) 8 A.C.F. Years Months Days If less than one day	Immediate cause of death
O. AGE.	- A
60 0 19 hrs. min.	Cotonory accusion
9. Birthpiace Allt Med (Town, county, and state)	Due to
111 . + 21 -	A Line of the second of the se
10. Usual occupation	Due to frage and hard so fit of for for the best of the Carrier they deffer the hard
11. Industry or business	
12. Name Teacon to What thing too	Diher conditions
I 13. Birthplace Na twell mo	(Include pregnancy within 3 months of death)
E 14. Maiden name Satala Chanog	(Include pregnancy within 3 months of death)
E 14. malden name.	Major findings of operations.
15. Birthplace Dun Kink Mink	Date of op
18. Informant Miss Elser Whitting trug	Autopsy results
Address Deale, Dod.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 25 1640	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which) (Burial, cremation, or removal, Which)	Accident, suicide, or homicide
Deale Con de	Where did injury occur?
Cemetery or crematory	
Location Deale Deale	injured at home, farm, industry, public place (where?)
7 6 He sliety + for	Means of Injury Injured at work?
18. Funeral director.	el 1 V. 10 despula
Address Sullavelle Mills	23. SIGNATURE M.D. or other
18. 1/23 19 ×5 N 1: andres	le location la borne any l'
(Date rec'd by registrar)	Address O Date signed Date signed



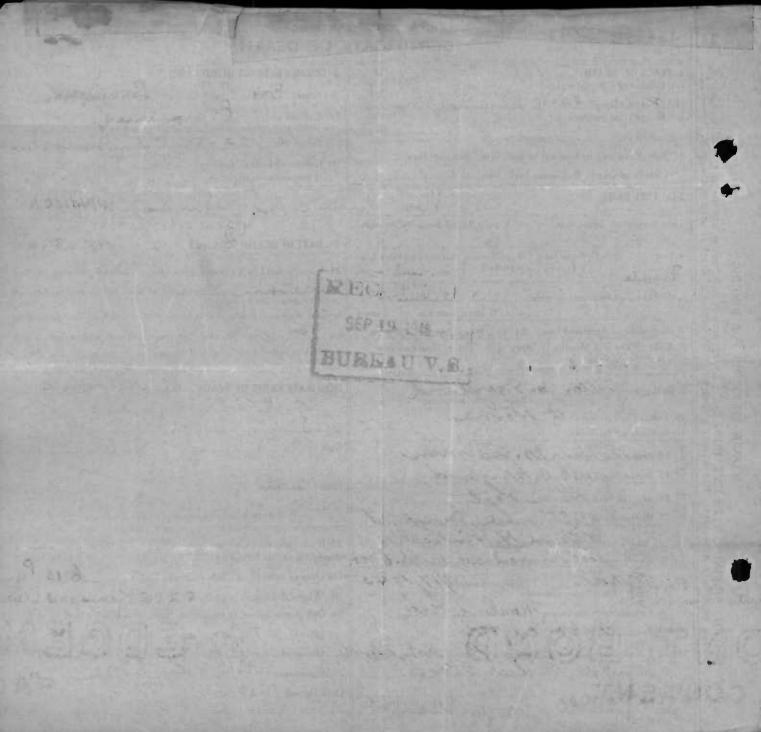
VS 151

BALTIMORE CITY HEALTH DEPARTMENT

Andrew Street, or other Designation of the last of the			2.2	
1	2465 2	150	200	776
246	E 421	YO.E	u A	10.

	CERTIFICAT	E OF DEATH	(kho)
1. PLACE OF DEATH: (a) Baltimore City, Maryland		2. USUAL RESIDENCE	E OF DECEASED: (b) County Botions
(b) Street address. 5215 (c) Hospital or institution:	Jennes Dena -	(c) City or town	R.
(d) Length of stay in hospital or in		(e) Citizen of foreign	n country? (If rural vive location) (Yes or No.
(e) Length of stay in Baltimore (yr	s., mos., or days)	If yes, name cou	ntry
3 (a) FULL NAME	Mrs. a	ma m.	Windisch Windisch
3 (b) If veteran, name war	3 (c) Social Security Account		EDICAL CERTIFICATION
4. Sex 5. Color or race 6	(a) Single, married, widowed, or	20. DATE OF DEATH.	Dept 12, 1945, at 8:20
7. 00.01 01 14.00	vorced. Married, widowed, or	21. I certify that I too	k charge of the remains described above, held a
6 (b) Name of husband or wife	William H.	Autopsy, Inspection on	thereon and from the evidence obtaine
	(c) If alive, give age years		pection or Inquiry, find that said deceased cam
7. Birth date of deceased (mo., day	The state of the s	to her death	on the day stated above, and death in m
8. AGE: Years Months Days		opinion resulted fro	m: natural causes 🔲, accident 🗀, suicide 🖸
	hr. min.		rmined and that the causes of death wer
	mayland wn, county, and state)		F DEATH Bullet Woulds
	me state	7 ch	ed.
11. Industry or business		00	
12. Nam William M.	Bierman	Due to	
13. Birthplace Balt. Q. 97		********	
14. Maiden Name		Other Conditions	
15. Birthplace Balting		(Include	pregnancy within 3 months of death)
16 (a) Informan William	PHYSICAL PROPERTY AND PROPERTY.	22. If an external car	use was primary or contributing acuse o
	od ave. Ralto. 6 md	death, fill in the foll	
17 (a) Burial (b)	Date thereof 2/17/19 45		Deptat 12 1945 6:10 M
(Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Mossland Park			occur? 5215 Kenwood Cu
Location Carkerle	A D		at home, on farm, industrial place, in publi
18 (a) Funeral directo Lassa	4	place? Of	Short hersel in short
(b) Address 7401 Bell		23. Signature	
		^ -	Medical Examiner.

Date signed 9-13-45



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	- Maria	
	(937)	

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... Dato signed ... Santar /Ar

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: Balto, County	Street No
Eugene Lewis Wolfe	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married Married	MEDICAL CERTIFICATION Sept 23, 45 at 10 P
6.(b) Namo ot husband or wife. Margery Levening. 6.(c) It alive, give age. years 7. Birth date of deceased (mo., day, yr.) August 320, 1892	21. I CERTIFY that death occurred on the dato above stated; that Lattended deceased from 19. I. 6. 10. 12. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
8. AGE: Years Months Days It less than one day 3	Immediate cause of death An with Radianon dry DURATION 5 hours
9. Birthplace	Due to A 1 tra 10 th Lew the Land Square 8 years Due to Generalized wat 5 charactes 5 years 10 years Differ conditions Day particular square 13 years My rand Ada L suffact Which 43 (Include pregnancy within 8 months of death) Major Endings of operations Date of op.
18. Informant Mr Edwin W. Levering Jr. Address Ruxton Md 17. Burial (Burial Cemation, or removal. Which?) Cemetery or crematory!! Dravid Pidge Location Pikesville Md 18. Funeral division O. Mitchell Associate Address / 1900 Sutaw Place 19. Date reed by registrary	Antopsy results PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, sulcide, or homicide

2411 N. Charles St., Baltimore /244

CERTIFICATE OF DEATH

Reg.	Dist.	No.

1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
				State Maryland County		
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)						
How long in above place of death? 58 Days				City or town Baltimore (If outsidecity or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:				Street No. 5320 Dogwood Road., Woodlawn		
Vets. Adm. Fac. Fort Howard, Maryland				(If rural, give LOCATION)		
How long in hospital or institution? 58 Days				2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Security 1	Number
	JOSEPH	YANKOV	TT7.		,	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced				MEDICAL CERTIFICATION		
Male White Married						
		,		20. DATE OF DEATH September 4, 1945 at 5:00A. M		
6.(b) Name of hestrand of w	IfeHel	en Yanl	covitz	21. I CERTIFY that death occurred on the date above		
		6.6	thalive give age 46 years	July 8, 19 45) to Septembe	T. 4 a 19 40
7. Dirth date of deceased (mo., day, yr.) January 2, 1891				and that I last saw h im alive on Septem	iber 4.	19.4.9
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		
				Pyelonephritis	***************************************	Unknown
54	8	2	hrsmln.		***************************************	*******************************
9. BirthplaceSerbia				Due to Ureteritis		
					,,,,,,,	**********
10. Usual occupation Painter and Paper hanger				Due to Cystitis		
11. Industry or business						000.0
12. Name Daman	Yankov	itz		Other conditions Cirrhosis of liver		,
3. Birthplace	Serb	ia				
# .	?			(Include pregnancy within 8 months of death)		
14. Malden name? 15. Birthplace Serbia				Major findings of operations.		
Serbia Serbia				Daie ot op.		
16. Informant Clinical Records, Vets. Adm. Fac.				Autopsy resultsSubstantiated a	bove	
Address Fo	ort Howa	rd, Mar	yland	PHYSICIAN: Please underline the cause to which	death should be charged s	tatistically.
		-	1)	22. VIOLENCE: If death was due to external causes	, till in the following:	
17. Burial (Burial, cremation, or	removal. Which?	Date there	ent Sept. 8, 1945 (month) (day) (year)	Accident, suicide, or homicide	Date ot	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Cemetery or crematory Baltimore National Cemetery				Where did injury occur?(City or town)		(Chaha)
Location Baltimore, Maryland				Injured at home, farm, Industry, public place (where		
18. Funeral director				Meens of injury	Injered at work?	
Address	St. Par	al & Pr	eston Sts.,	(Em Ko	Tho	
1	-	Bal	to. Md.	23/16 A.M. BALTER, LT.	COL., M.G.D.G	Hother DTP
19. (Date rec'd by registr	19		Cuffedgus Registrar	Address Ft. Howard, Md.		
(Date rec d by registr	all		Legistrar Registrar	ADDIESS	nate zigueg	